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ABSTRACT

This Hearing focuses on conditions of the rural elderly in northern Arizona. Arizona has many service programs to respond to the elderly's everyday problems. Some of these problems are unique, but others are similar to those experienced by older Americans throughout the nation. Topics addressed include: transportation, health care services, housing, nutrition programs, community senior centers, the Older Americans Act, legal services, local support of services, the Joint Simplication Act, and inadequate funding. Information collected will be used to develop and implement a national policy on aging. (Author/JLL)

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THE NATION'S RURAL ELDERLY

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NINETY-FIFTH CONGRESS

FIRST SESSION

PART 8—FLAGSTAFF, ARIZ.

NOVEMBER 5, 1977

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Part 2. Ottumwa, Iowa, August 16, 1976.
Part 3. Gretna, Nebr., August 17, 1976.
Part 4. Ida Grove, Iowa, August 17, 1976.
Part 5. Sioux Falls, S. Dak., August 18, 1976.
Part 6. Rockford, Iowa, August 18, 1976.
Part 7. Denver, Colo., March 23, 1977.
Part 8. Flagstaff, Ariz., November 5, 1977.
Part 9. Tucson, Ariz., November 7, 1977.
Part 10. Terre Haute, Ind., November 11, 1977.
Part 11. Phoenix, Ariz., November 12, 1977.
Part 12. Roswell, N. Mex., November 18, 1977.
Part 13. Taos, N. Mex., November 19, 1977.
Part 14. Albuquerque, N. Mex., November 21, 1977.
Part 15. Pensacola, Fla., November 21, 1977.
Part 16. Gainesville, Fla., November 22, 1977.
Part 17. Champaign, Ill., December 13, 1977.
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THE NATION'S RURAL ELDERLY

SATURDAY, NOVEMBER 5, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Flagstaff, Ariz.

The committee met, pursuant to call, at 2 p.m. in the Federated Community Church, Hon. Dennis E. DeConcini presiding.

Present: Senator DeConcini.

Also present: Lois Pfau, legislative assistant to Senator DeConcini; Deborah K. Kilmer, professional staff member; Tony Arroyos, minority professional staff member; and Marjorie J. Finney, assistant clerk.

OPENING STATEMENT BY SENATOR DENNIS DeCONCINI, PRESIDING

Senator DECONCINI. Good afternoon. Today the Senate Committee on Aging continues its hearings on "The Nation's Rural Elderly."

I am Senator Dennis DeConcini. I am very pleased to be here in Flagstaff.

I want to take a moment to thank Reverend Kendall for the use of these particular facilities. We are most appreciative. I also want to remind you that smoking is not permitted in the building.

I want to take a moment also and introduce the staff from the Special Committee on Aging. Debby Kilmer is to my right. Behind me is Marj Finney. Tony Arroyos is on my left. Lois Pfau is from my staff in Washington.

The committee has already visited Iowa, South Dakota, Nebraska, and Colorado to hear about the needs of the rural aged. I am very glad to be on the committee. I am also glad to be able to come to Flagstaff.

There are approximately 338,900 elderly Arizonans, persons 60 and older. About 25 percent of these individuals live in rural areas. Nationwide, about 27 percent of the elderly live in rural areas. So you can see that Arizona has reason to take a special look at the needs of its elderly who live in the nonmetropolitan areas.

Arizona has many service programs to respond to the elderly's everyday problems. Some of these problems are unique but others are very similar to those experienced by older Americans throughout our Nation.

For example, this committee has heard accounts from every State about the transportation difficulties, especially in the nonmetropolitan areas. Some counties have only one small bus or van to serve the entire elderly population. This may result in only one trip a week for senior citizens in some communities. Many senior citizens wait for

several months to travel to the drug store, the grocery store and their doctors.

Rural Doctors Declining

Speaking of doctors, the committee has found that their numbers are declining markedly in rural areas. Older Americans must travel further and further to obtain medical care since about 138 rural counties in America have no doctor. This represents about a 40 percent increase compared with the number of counties without doctors in the 1960's.

I know that this situation is comparable to the scarcity of health care personnel in Navajo, Apache, and Yavapai Counties, and even areas of Coconino County. I hope to explore this issue here today.

Housing is another major problem for the rural aged. They often find it difficult to maintain their homes because of limited income or failing health. Housing is also very expensive to build. Rural areas have the highest percentage of substandard housing—yet they are usually at or near the bottom of the list of applicants for elderly housing funds. Today I hope to hear about the projects planned for Winslow and other areas around Flagstaff.

Although some services for the elderly are decreasing in some areas, there are others which are increasing in rural communities.

Nutrition programs, for example, are growing throughout every State. These programs not only provide a nutritious meal but also an opportunity to meet and talk with others. Here in Arizona we have 81 sites spread throughout every county. I know that many of you here today participate in your community programs. I look forward to hearing about each program.

I also know that many of you here today are very active in your community's senior center. We at the committee are well aware that senior centers can provide a wide variety of services for older Americans at convenient locations.

Senior centers have benefited from State and local funds, title V of the Older Americans Act, and community development funds. But some of the greatest support has come from the seniors themselves, with bake sales, raffles, auctions, and rummage sales. I know that many of you here are becoming experts in raising funds for your centers and I want to hear about these various ventures.

I want to limit my remarks because I have come here today to hear what you have to say about northern Arizona and the needs of its rural elderly.

Our first witness today will be someone you all know, Ed Dunn, the director of the area agency for this whole region. Ed and his assistant, Jody, travel many miles to cover their vast region. I am sure he knows what it means to serve Arizona's rural elderly. I appreciate these efforts and know he will have much to tell us.

We hope to hear from all of the witnesses and the people who are here today.

Ed?

STATEMENT OF ED DUNN, DIRECTOR, NORTHERN ARIZONA COUNCIL OF GOVERNMENTS, AREA AGENCY ON AGING, FLAGSTAFF, ARIZ.

Mr. DUNN. Thank you, Senator. My name is Ed Dunn. I am director of the Northern Arizona Council of Governments, Area Agency on Aging.

We all appreciate your having taken the time from your busy schedule, Senator, to come here and listen to our concerns.

The focus of my testimony today will be to present an overview of the situation in general in which the elderly in rural areas, specifically northern Arizona, find themselves. Perhaps the testimony heard from the real experts, the older people themselves, will be more successful as they have the actual day-to-day experiences with the problems. They are the ones who will speak more eloquently and knowledgeable about their needs, hopes and contributions.

The Northern Arizona Council of Governments, Area Agency on Aging, is a geographic area larger than the State of Pennsylvania. Due to this fact, there is a variety of natural geographic boundaries separating northern Arizona's four rural counties, the individuality of the people and the income level mix make many of the problems seem insurmountable. Perhaps the greatest problem faced by the elderly in rural areas, especially in areas as extreme and vast as northern Arizona, is the lack of special transportation services. There is a growing awareness that one of the factors leading to the decline of rural life among the elderly is the lack of mobility. Mobility is a problem mostly for the transportation disadvantaged, those who do not own automobiles, those who have automobiles unfit to drive, those who are incapacitated so they cannot drive, and those who are not insured to operate automobiles.

There are more than 54 million rural residents, a quarter of the U.S. population. These people ordinarily use private motor vehicles to get to work, shopping centers, medical care, other social services and recreation and to overcome the isolation resulting from the rural distances.

TRANSPORTATION SERVICES LACKING

In rural areas, mobility for the population of 60 years and over poses particular problems. It has been expressed that the rural elderly, the group least able to pay for mass transit, is the group with the greatest need for such services. There is an expressed need to assist the rural elderly in assessing food assistance services, health services and other social services. The principal factor preventing the access is the lack of transportation and transportation services.

The Northern Arizona Council of Governments, Area Agency on Aging, is in the process of developing a regional system for the elderly that proposes to lessen the problems of inadequate transportation. This effort, because of the vast area, is minimal at best. The primary consideration or problem experienced in the implementation of a system is the lack of resources by which to pay skyrocketing insurance costs,

increased operating costs due to high gasoline prices and the employment of qualified licensed drivers. Utilization of volunteers presents many liability problems, logistic problems of training and consistency in operation.

Special focus transportation on demand responsive basis in a moderate and extreme rural community is the key to solving other social service problems encountered as a result of no transportation services.

Retirement means having to live on low and fixed income during a time of high inflation and having to pay disproportionate amounts of that income for basic necessities of food, shelter, transportation and medical care. Medicare, for example, is supposed to serve all older participants fairly. Older persons do pay out the same premiums, deductible and coinsurance rates, but do they receive equal benefits in return? How can they if they don't have access to a doctor or even a hospital. How can they if there is no way to get them to the treatment or to get the treatment to them?

In many communities in northern Arizona there are no medical facilities, no doctors, no dentists. There are limited nursing home facilities, no elderly day care facilities and a very meager effort at provision of adult social services under title XX of the Social Security Act.

For the lonely, shut-in aged person, one chronic illness can have a debilitating effect for this person and securing the necessary services for relief in rural areas becomes almost an impossible task unless the community in which he resides makes services available in a comprehensive and coordinated fashion.

A society with as much expertise as ours should be able to match services to the unique needs of its citizens, yet service gaps are prevalent in the home health and homemaker fields, especially in regard to geriatric and senior related services.

Too many elderly are forced by the lack of home health care, homemaker services, to leave their homes and flee to nursing homes outside the rural communities in which they have resided. Others remain in extended care units if they are available long after they might have returned to independent living arrangements.

Preventive Care Needed

These conditions make the maintenance of personal independence a critical issue in planning with older people. Since older people desire to function normally and to remain as independent as possible, home services should be geared to achieving these ends. Whenever possible these programs should emphasize preventive and supportive care rather than relying on institutional answers to all of their problems.

Manpower problems relate to all the aforementioned services. Medical professionals are difficult to recruit into rural communities because of the lack of social activity due to the relative isolation and ability to achieve financial gain more readily available in urban settings. For delivery of services in health-related and supportive services, recruitment of trained professionals at the local levels is almost impossible. The cost of recruitment generally on a statewide basis is extremely high and once recruited from an urban area professionals and paraprofessionals must be orientated toward the service delivery in a rural environment. Oftentimes rural areas lack paid staff to deliver specialized

training to local people thus raising the cost of services that must be purchased with limited resources.

In the NACOG area agency region home services to the elderly, primarily through volunteer efforts and integrated funded base with community services administration funds and Older Americans Act funds, have encountered manpower barriers. Recruitment, turnover and training have all been factors in determining the amount of service provided. Perhaps an even greater barrier is the lack of liability insurance for volunteers. Because of limited resources filtered to rural areas without such strong volunteer support services would not be provided to the aged and aged populations.

Legal representation is one of a number of serious obstacles that face the rural elderly. The most fundamental problem, of course, is the way those who have passed their most productive years are casually discarded. There is a mounting evidence legal needs of older rural citizens to a large extent have been overlooked and ignored. Too often the elderly are deprived of their rights because no one is available to explain the technical language of Federal regulations which relate to benefits entitled to them or the requirements for witnesses to a will or the qualifications to be met in a pension plan or the tax implication of retirement programs. Many of these legal problems require an attorney's help, but others require only the competent paralegal and nonlegal advice be made available.

However, the State of Arizona does not have a statewide program to address the need of legal services. The result of this gap is that legal services to Arizona's rural elderly are largely denied access to the civil judiciary system. This, in turn, results in denial of basic constitutional and civil rights

Legal Services Not Accessible

In communities where legal services for the poor have been available, the elderly do not have access to them as readily as the younger poor. Some of them are physically incapacitated and have difficulty in getting to an office. A considerable number have sight, speech, hearing or other difficulties in communication so they do not learn of the availability of legal services. There are those who are even suspicious of the assistance offered.

I have discussed only a few problems faced by the elderly of northern Arizona. These problems are not unique to the rural elderly population, but the ability to solve many of these issues is a great deal more difficult than in the urban setting.

In the lifetime of our Nation, we have changed from an agricultural rural life to an industrial urban pattern of living. In 1790, the year of the first U.S. census, the population was 95 percent rural. Today the population is 75 percent urban with the remainder living in rural settings. Less than 5 percent of the total population actually lives on farms. What these brief statistics clearly indicate is that the Nation has been in the long-term grip of enormously powerful urbanization forces which have turned us from an overwhelming rural to an urban Nation.

Beginning in the mid-1960's, an effort was initiated at the Federal level to stem the flow of outmigration from rural areas. Investigations

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were conducted to locate sources of discontent with rural living. "Methods of Habitat," a report to the public on the United Nation's Conference on Human Settlements, which was endorsed by both the Department of Housing and Urban Development and the U.S. Department of Agriculture, was one of those research efforts. It concludes that people living in rural areas are often particularly disadvantaged because of their location. The economic approach of community service favors a concentrated population which often leads people outside the cities with the choice of moving or doing without. To reduce migration to urban areas, "Habitat" recommended that governments develop a new criteria for integrating rural planning so that the greatest number of scattered rural settlements may benefit from the basic services. Further investigation into the reasons for the lack of services in rural areas has shown that small town resource bases simply cannot support such services so that most rural areas must turn to State and Federal funds to finance needed services.

Metropolitan Counties Favored

Traditionally, however, Federal and State spending on human resources development disproportionately favors metropolitan counties over nonmetropolitan areas. Senator Hubert H. Humphrey addressed this issue at a recent hearing held by the Joint Economic Committee Subcommittee on Economic Growth and Stabilization.

Part of the problem is that rural areas do not receive an equitable share of Federal assistance. They do not have highly paid lobbyists, the well-known mayors or the media clout. Congress and the administration do not hear about rural problems because rural areas are not well organized. We tend to forget that rural areas need as much help as urban communities. One-quarter of our Nation's population lives in rural areas, but in fiscal year 1975 rural areas received only 11.7 percent of the employment and training funds, only 4.9 percent of the summer youth corps funds, less than 10 percent of the FHA and VA insured housing loans, and 12.6 percent of the defense contracts.

Population density versus population scarcity has become an important issue in the distribution of social service funds with per capita fund allocation formulas coming under fire in areas with vast differences in population density. Even though the total population of rural areas is small, there are great distances to travel, higher per capita costs of providing services, problems in attracting qualified professional staff, no public transportation and higher administrative costs. These factors result in a higher per capita cost of providing services in rural areas than involve providing services in urban areas. This, combined with the fact that current funding allocation formulas are short-changing rural programs, has resulted in a paring down of rural programs to the bare necessities, often depriving clients of needed services.

Over the past several years, Federal legislation has begun to recognize the greater need in rural areas, but there has been no type of rural factor or indicator allowed for these differences when funding allocation is on a per capita basis. While it is understood that no funding allocation formula can assure scarce population areas the same amount of money received by the dense population areas, at the very least a formula that could take into account the rural factors that result in higher service costs per capita would work for a more reasonable distribution of funds available than now exist. Due to the per

capita funding, two urban counties in Arizona, Maricopa, and Pima, constantly obtain well over 50 percent of the total funds available to the State. Recently there have been efforts made in the direction of establishing minimal funding levels of programs regardless of population density. The NACOG AAA supports this as a move toward more equitable distribution of funds. However, as is witnessed in the funding allocations under title VII of the Older Americans Act for the State of Arizona, gross inequities are prevalent.

Reduction in Funding

Specifically for fiscal year 1977–78, the following allocations illustrate this point. Region 1, an urban county, Maricopa County received 40.2 percent of the title VII funds. Region 2, an urban county, Pima County, received 16.64 percent. The rest of the rural counties, 3, 4, 5, and 6, all received 6.83 percent of the total funds made available under title VII. Ironically what this resulted in for the NACOG region was a reduction in funding.

I would like to point out to the Senator that the tremendous community support that has gone into the aging programs in northern Arizona. According to the September 1977 meal count prepared by the Arizona Bureau on Aging, the title VII nutrition projects operating in region 3 served an average of 590 title VII funded meals per day. This figure represents 12 percent of the average of the entire State of 4,818 title VII funded meals served within the State. In comparison, the total title VI funding level for the State was $2,047,846, region 3 received $203,657. This amounts to 10 percent of the total funding for the State. It is obvious that the title VII projects have been able to stretch their funds to result in the successful implementation of the title VII program. Even without a rural factor, region 3 has demonstrated it is capable of doing an excellent job in program development and deserves to be allocated funds on the basis of performance.

The Older Americans Act was designed to serve all parts of the Nation. Yet there is a tug of war for funds between metropolitan areas and rural areas.

I recommend the Senate Committee on Aging Study the feasibility of a rural factor funding allocation for Older Americans Act programs. An effort to derive a rural factor funding formula must examine the following issues. What is the minimal level of funding that is required to get a program off the ground? What is the cost of delivery of services to less densely populated areas as compared to the more densely populated areas? What are the factors that influence the cost of services to rural areas and how can they be quantified?

At the conclusion of these investigations, we hope that a rural factor can be determined for equitable funding bases under the Older Americans Act and other funds to benefit the elderly. Rural areas are well known for their independent spirit and traditionally have asked very little from Government. The rural elderly are not a special interest group seeking to obtain benefits at the expense of the total population. To most their needs are met by modest sharing in the achievements of the past to which they have contributed so much.

Thank you, Senator. I will be glad to answer any questions about my testimony.

Senator DECONCINI. Mr. Dunn, thank you for that fine testimony. As you know, your testimony is being recorded and will be in the record. I am very pleased to have that testimony.

Let me ask you a few questions and a few members of the staff will have a few questions, if you don't mind.

You have stated that obviously transportation is one of your high priorities. Can you tell us how the capital is raised for your present purchase of vans and transportation facilities that you do have?

SUCCESSFUL TRANSPORTATION PROGRAM

Mr. DUNN. Yes, Senator. I think northern Arizona has a unique way of providing transportation. The capital outlay for the equipment itself is provided under title III of the Older Americans Act or the UMTA 16(b)(2) transportation program. Negotiations are held with county and city governments for the operational expenses of the piece of equipment. We have been quite successful in providing vehicles to city and county governments with them picking up the costs of the insurance, the maintenance and the operation, drivers included. However, Yarnell, Ariz., which is not incorporated, depends on the support of the senior citizens to operate their 12-passenger van. Cottonwood, Ariz., will also have to utilize senior citizen support for operating costs. The one saving factor is that the vehicle is titled to the Yavapai County supervisors. Therefore, the insurance for that vehicle has been maintained by the county under its umbrella package, thereby cutting some of the costs. We have a unique system and it works quite well.

Senator DECONCINI. Are you satisfied with the arrangements that you have been able to make in the various communities?

Mr. DUNN. Yes, we are. In fact, in Coconino County the supervisors have provided the transportation services with all the funds, operating expenses, coming from Coconino County. I think that is a tremendous contribution on the part of this county. The one problem that we are experiencing is the skyrocketing insurance costs. It hasn't impacted Coconino County yet, but Yavapai County, for example, is paying $147 for liability insurance on that vehicle. The new premium has been submitted to the Yavapai County supervisors and it is up in the range of of $950. We are going to be encountering insurance problems with that vehicle.

Senator DECONCINI. The area agency concept is to coordinate and use existing resources and services in the area. Is it realistic in this area? Do you have the resources to use? Are they available and accessible?

LOCAL RESOURCES SUPPORT SERVICES

Mr. DUNN. The resources are available and you touched on the fact that the local senior citizen groups themselves have been the most successful in obtaining the local resources to support the program. Quite frankly the limited amount of money that comes in through the Older Americans Act wouldn't provide 50 percent of the services now being served in northern Arizona. Part of the reason is because the local county council on aging. the various city councils on aging and the

regional council on aging, have taken an active part in pursuing other resources and have been successful. The problem that we have is that we are tapping now all the local money that is available. The smaller towns and cities have contributed a tremendous amount. We just can't continue going back and back and asking for additional funds. They just are not there.

Senator DECONCINI. Do they contribute things in addition to money?

Mr. DUNN. Certainly. I can give you an example. In Flagstaff, right up the street, a brand new adult center is being constructed by the city of Flagstaff for approxmiately $300,000. Every one of the senior citizens centers has had contributions made by either the city or county governments. They have donated either land, the cost of utilities for the center, and so on down the line.

Senator DECONCINI. The senior centers that are authorized under the Older Americans Act are supposed to be multipurpose. Is that true in your region?

Mr. DUNN. They certainly are. They are multipurpose.

Senator DECONCINI. What purpose do they serve besides meals and a place to gather?

Mr. DUNN. The transportation services that are provided with the vehicles are all spun off out of the senior center where the meals are. Most of the programs have homemaker services that are developed out of the senior centers, outreach programs in reaching the homebound elderly and the elderly that are not familiar with the program, educational programs are performed in the senior centers. This year in our comprehensive plan to aid aging, we are developing additional recreational programs under the senior centers and also friendly visitor services from the centers. They are, in fact, multipurpose.

Senator DECONCINI. Thank you, Mr. Dunn.

I would like to have Tony Arroyos ask any questions he might have on behalf of Senator Domenici, who is also on this committee.

Mr. ARROYOS. Thank you, Senator.

My first question is you were talking about home health care or a home-care type of services. What kind of services do you see that are being asked for as far as home care is concerned?

GERIATRIC CARE

Mr. DUNN. The home health care and homemaker services were second on our priority listing of problems of the elderly in the region. That was recently conducted in a needs assessment that we performed at the area agency on aging. The type of thing they are talking about is the ability of somebody to be able to give some of the supporting services in terms of geriatric care for some of the elderly people. Possibly the administration of some medicines and things that our homemakers can't take care of, those types of things. We have good coordination in terms of the meals programs in providing that meal to the recently released patient from the hospital.

Mr. ARROYOS. You were talking about specialized transportation services. Have you looked into possible costs?

Mr. DUNN. No, I'm sorry, we haven't looked into a possible cost. We have pretty much had our hands full in terms of just getting a vehicle

to some of the areas that we serve. We still have that task in front of us. Some of the types of things that we are most concerned with are getting them to and from medical treatment, also to take them shopping, that type of thing.

Mr. ARROYOS. Thank you.

Senator DECONCINI. Thank you, Mr. Dunn. We appreciate your being here very much.

Our next witness is John DeVore, chief Human Resources Division, Northern Arizona Council of Governments, Flagstaff.

Mr. DeVore, welcome to the meeting. We appreciate your taking your time to come down today and giving us your views.

STATEMENT OF JOHN DE VORE, FLAGSTAFF, ARIZ., CHIEF, HUMAN RESOURCES DIVISION, NORTHERN ARIZONA COUNCIL OF GOVERNMENTS

Mr. DEVORE. Thank you very much.

I would like to take this opportunity of extending my appreciation to you for the time that you have taken to come to Flagstaff and listen to our problems and concerns. It is difficult for me to remember when this has occurred, that somebody has taken time out to find out what is going on in the rural area.

What I would like to do is to talk about a larger issue in terms of social service programing that impacts on all target groups, especially senior citizens. This is the issue of lack of coordination, conflicting guidelines and restrictive regulations that are generated from Federal and State agencies.

Social service programs have historically faced barriers in dealing with conflicting guidelines, lack of program coordination and restrictive regulations, both within and between the various Federal agencies which provide services impacting on the same target group. This has created distinct problems in terms of developing the total resources available to respond to the commu- identified area of need, as well as lack of cost effective programs.

In effect, this has created major barriers in developing and maintaining programs on already scarce resources. This problem is expanded further by the various interpretations of various Federal and State agencies to the guidelines which oftentimes are conflicting. This area crosses all social services regardless of target group. Since we are here discussing programs for the elderly, I would like to target in on my concern or our concerns about programs that impact on senior citizens. I have a couple of examples about conflicting guidelines.

TITLE XX—SERIOUS CASH FLOW PROBLEMS

Under the Older Americans Act versus title XX of the Social Security Act, the intent of both of these laws is clear in terms providing services for senior citizens. However, distinct problems develop in the area of implementation when consideration is given to guidelines of each program. In the area of eligibility, the Older Americans Act establishes the criteria of being 60 years of age or a spouse of a person in the age group, while title XX establishes an income needs test. What is really disturbing about this is that under one the law says

basically that they want to foster a person's independence, they want them to be proud and they are saying you have earned this kind of a program. Under another program you have to open up your financial status to justify your income. Under matching requirements, the Older Americans Act establishes the criteria of a 10 percent nonfederal match which can either be hard or soft, while title XX's criteria is a 25 percent hard match. In the method of payment, the Older Americans Act provides for an advance of funds while title XX requires reimbursement based on actual expenditures, which creates serious cash flow problems for the providers.

In developing this example, recognition is given to the fact that the Older Americans Act is a categorical program designed specifically for senior citizens, while title XX provides for generic services. However, these conflicting guidelines create serious problems in terms of providing services to this target group when consideration is given to the fact that the Older Americans Act is the dominant funding source. Specifically in terms of eligibility the client is treated differently depending on which Federal program is purchasing the meal.

This problem is expanded further by the various Federal agencies which sponsor programs impacting on this target group such as the Community Services Administration, Department of Transportation, Department of Labor, the Federal Energy Administration, USDA and HUD. The provider is faced with a quagmire of conflicting and contradicting guidelines in an effort to mobilize sufficient resources within our geographic area to respond to the needs of this target group.

Weatherization Programs Create Problems

Under CSA weatherization and FEA weatherization, this is a unique kind of example because it involves two Federal agencies which have moneys to provide exactly the same service to exactly the same target group, that namely being low-income people. CSA funds go directly to the service provider while FEA funds go directly to a State agency. This creates problems in several areas. The allowable administrative percentage in the FEA funds is taken by the State leaving the provider with funds only to purchase materials. The provider is faced with being accountable to three layers of Government for the same program. The reporting requirements become duplicative in this example. This creates difficulties in capturing sufficient resources to respond to the needed area because you have several different funding agencies to try to capture sufficient dollars.

Many other examples of this conflict could be provided. However, the issue is the same, namely, coordination of all resources impacting on the same target group and/or service to accomplish a common goal.

The final area I would like to address is on restrictive regulations. Nationally the movement has been towards more accountability regarding the expenditures of public funds. I agree with the basic premise of this direction. However, I do have distinct problems with methodology. As a program becomes more restrictive and requires more reporting procedures, the cost of the administration escalates. In effect, this reduces the total dollars available to provide the service. Title XX is an example of this principle in action. I firmly believe a cost finding study would demonstrate that 50 percent of the available

dollars are presently going toward administration of the program. This is not the fault of the provider, rather the requirement for strict accountability. Also, under restrictions, it is kind of unique sometimes how a Federal agency defines the purpose of the program, what it is going to be for. Here about 2 or 3 years ago there was a program that came to Arizona. It was a housing program. They established the criteria that they would assist any AFDC mothers who owned their own homes. That significantly narrowed down the field to the point that it was just unrealistic to be able to even implement the program.

We seem to have gotten away from a policy of private enterprise where you assess the cost of controlling the potential loss versus absorbing the loss to determine which is more cost effective. This is not to imply that there should be no controls, rather to determine what types of controls are necessary to reduce potential losses in relationship to the cost of implementation of the types of controls.

I have been giving this area some thought and I have come up with some possible solutions. I am a firm believer that if you are not part of the solution, then you are part of the problem.

Joint Simplification Act—A Misnomer

The Joint Simplification Act was envisioned as a possible solution to these types of problems. However, the joint funding program resulting from this act has not begun to address this problem. Basically this has been a result of lack of regulatory authority to enforce cooperation among various Federal agencies. Therefore, alternatives must be developed which preclude this experience from occurring in the future. Basically what I am getting at is from my perspective as an administrator of social service programs. The Joint Simplification Act is the biggest misnomer in the business because when you look at how you get your moneys through that, it was envisioned to simplify the process. Under title XX, for example, SRS in Washington releases a check to SRS in San Francisco, who, in turn, sends the check to HUD, the lead agency in Washington, D.C., who, in turn, sends the check to O. E. Pad, the office of the Governer in the State of Arizona, who, in turn, sends the check to us. Under title XX it created a 6-month delay in being reimbursed for our funds.

Senator DeConcini. Is there a physical transfer of the checks? Do you know that to be a fact?

Mr. DeVore. I can't get a handle on whether it is a physical transfer or whether it is a letter of credit or whether it is teletyped. It has to be authorized by those sources.

Senator DeConcini. And the last time you say it took 6 months?

Mr. DeVore. Yes. From the time that our contract was signed under title XX planning and we incurred expenditures from April 1 through September 30 and last week we heard the check was on its way just to cover expenditures through June 30, however.

Senator DeConcini. But the check for authorization was 6 months?

Mr. DeVore. Yes, and the reason why it became a hassle was it became a turf problem between SRS, HEW, and HUD.

Senator DeConcini. I am very glad to have that information.

Mr. DeVore. Possible alternatives that I have thought about could be, one, block grants where you would mobilize and coordinate all

funds impacting on the same service area at the Federal level to be funded in a block grant to provide for comprehensive service delivery and administration by a single Federal agency.

Another idea could be transfer of the lead agency of the joint funding program from HUD to the Office of Management and Budget, with the appropriate regulatory authority to enforce its implementation.

Reorganization of the present system to provide for allocation of all funds impacting on the same target group and/or service area to one lead agency, which would have the appropriate administrative authority to administer all related program funds with consistent guidelines and regulations. Basically, what I am getting at is it becomes quite difficult when the Older Americans Act provides moneys to start programs for seniors, and you also have the Community Services Administration under senior opportunity and services which also provides moneys for senior citizens programs, but they are administered by two different agencies and you have to write two different work programs to capture the money to do the job.

That is all I have. I thank you for the time.

"Bureaucracy Is Very Slow"

Senator DeConcini. I am very glad to have that testimony. I was unaware of the 6-month delays. I have had a little dealing with a few areas of the Federal Government working on local government myself for LEAA and other Justice programs and I know that the bureaucracy is very slow. The question of turf really does concern me, as I know it does other Members of Congress. I wish I had a solution for it. I don't know how to really cope with an earnest belief by a governmental employee, whether it is in the local government or on the Federal level in Washington when they feel they are charged with a certain area of jurisdiction and then someone else, it appears to them, is invading it. I have talked to a number of people and these are real worries. It is not just a matter of wanting to keep the area of jurisdiction, but feeling that they have to do their job. Your suggestion of issuing block grants might be a way to simplify it. What would you suggest would be appropriate to follow block grants for proper utilization, what do you think you could tolerate in the sense of bureaucratic involvement of audits and in seeing that the block grants were properly used?

Mr. DeVore. Basically I have no problems with reporting requirements as long as they don't become duplicative. In this business, if we could get to the point of having, let's say, for example, in aging programs, to where the administration on aging would be responsible for all programs that impact on aging and that they would receive all the appropriations for these services. Then you could put together your package as a provider or lead agency in a State, capturing the total dollars to provide the service. Then the normal kinds of reporting requirements that we have now in terms of monthly expenditure reports, annual audits, I have absolutely no problems with that.

Senator DeConcini. That is not a burden now?

Mr. DeVore. It is a burden when you have to file a report with a Federal agency, then you have to file a report with the State agency.

Senator DeConcini. The same report?

Mr. DeVore. The same report.

Senator DeConcini. On a different form?

Mr. DeVore. Definitely.

Senator DeConcini. You can't duplicate it and send it?

Mr. DeVore. I have found that a bureaucrat lives for the forms.

Senator DeConcini. Is there any reason that you have seen in any of the forms that you have filed with one jurisdiction that you couldn't file with the other?

Mr. DeVore. No; I sure haven't.

Senator DeConcini. Is there any special information that the State requests that the Federal Government doesn't and vice versa?

Confusion in Regulations

Mr. DeVore. No. Another thing that I find unique is that oftentimes when the State agency is put in the position of being a lead agency and the money is going through there to them, then their regulations become more restrictive than the Federal regulations and that leads to some confusion when you talk to your Federal representative and they indicate that they have no problems with what you are doing and you talk to the State and they have definite problems and you ask them why and it is because it is a policy decision. You can't get a handle on how the policy decision is generated.

Senator DeConcini. Mr. DeVore, your testimony has been very enlightening and not really so surprising. I am glad to have it on the record because I think it is a challenge to attempt to make these programs more receptive and responsive to those of you who have to administer them. It is far easier to vote for them and then let everyone else work them out. Obviously some of these problems are a horrendous headache to you.

Mr. Arroyos, do you have any questions?

Mr. Arroyos. I would just reiterate what you said, Senator. We have been getting a lot of input on title XX and its implications as opposed to the Older Americans Act. I think you have said it very well.

Senator DeConcini. I want to thank you very much, Mr. DeVore.

Those who have testified, if they have other commitments, I understand that you might have to leave.

The next witness is Andrew Cordero, a resident of Flagstaff, who has volunteered to address the committee today on some of the problems of energy as it relates to the elderly.

We welcome you, Mr. Cordero, and thank you for putting together some information for this committee.

STATEMENT OF ANDREW CORDERO, COCONINO COUNTY COMMUNITY SERVICES, FLAGSTAFF, ARIZ.

Mr. Cordero. My name is Andrew Cordero. I am a senior citizen. I am 66 years old. I am a retired professional carpenter. I work for and with the adults in this center here. I happen to be the president of an organization named San Francisco Peakers. There are about 150 of us. I eat with them on our nutrition program. I talk to them. Mostly I listen to them. So I am well aware of their needs and their wants be-

cause they tell me about themselves. I think I know what I am talking about. Here is my testimony.

Senior citizens are faced with the problem of addressing the price of heating bills, which have almost doubled over the past 2 years and are expected to rise even higher, on a fixed income. Comfort and warmth is a very important factor to senior citizens who are recognized as an at risk population regarding their health needs. Since the majority of senior citizens are living on fixed incomes, they generally must pay their fuel bills at the expense of other necessities to the quality of life and generally are found to reside in substandard housing. For the most part, such dwellings lack adequate insulation, storm windows, weather stripping, alternate heating systems and in most cases cold air can be found seeping into these houses through cracks or holes and the roof and/or walls.

Since the annual income of senior citizens is generally below the average population's, they are often unable to pay for repairs to heating systems, insulation, weatherization, and so forth. At this point, the need cannot be overstressed, particularly in consideration of the climatic conditions of northern Arizona. Low-income senior citizens are in definite need of any assistance which is made available to them.

Limited Funding

Historically there has been assistance provided to seniors in this region, but the funding has been very limited. Over the last 18 months $52,000 was received in the region to respond to this need. This year $142,000 has been made available. However, this must be divided among the four northern Arizona counties and it is only adequate to respond to 250 homes within the region.

At this juncture, I would like to address what is good and bad about these programs. Good points: Ease of comfort of living, a good stopgap measure, created employment opportunities, spin-off to other related services, eased some utility bills, created energy awareness and established point of contact to respond to other problems.

The bad points: A limited amount of funds to do an adequate job, the need is greater than the resources available, restricted guidelines in terms of eligibility, responding to home repair and labor costs, excessive paperwork, and redtape. This issue has been further compounded by the involvement of several Federal and State agencies.

My recommendations: Tax breaks for energy conservation in areas of insulation, storm windows and weather stripping, and so forth. Funds need to be provided to install alternate heating systems. In this region, wood is plentiful, but funds have not been available to purchase wood stoves and provide wood to individuals who cannot afford this alternative.

Consideration must be given to the high cost of conforming to local building codes. The present income criteria established by the program is too low and many seniors who are just over the standard are unable to qualify for this program.

Cold pockets within a geographical area must be given special consideration in the allocation of funds rather than the present system of considering the State as a whole. The present distribution formula does not give consideration to rural areas since the allocations are made on

the numbers of substandard units. Heating and cooling degree days tend to place rural areas at a disadvantage in competing with the large urban areas. The present matching requirements are too high and place rural areas at definite disadvantage. This type of program can never be picked up by local communities, especially in the rural areas.

Conflicting Regulations

Citizen participation on your utility boards and commissions must be implemented. As people are encouraged to reduce energy consumption the utilities increase rates to replace the lost revenue which reduces to the more you conserve the higher the cost. There are presently too many agencies dealing with energy which leads to conflicting regulations and duplicate reporting requirements.

The reporting requirements are too excessive, which means more dollars are spent on administrating the program.

I appreciate the opportunity of showing this concern to you and you taking the time to listen.

Thank you.

Senator DeConcini. Mr. Cordero, thank you very much. Some of the things you have brought out are very important and I appreciate your taking the time to call them to our attention.

Can you give me a little background on how weatherization programs are implemented in this area or region? Do you know?

Mr. Cordero. Yes; I do. We are working with community services and they have staff which is paid by the county, I believe, and we go out and canvass the neighborhoods and find the houses that leak the most and we try to attend to them first. We weatherstrip their windows.

Senator DeConcini. You seek them out?

Mr. Cordero. We seek them out; yes.

Senator DeConcini. Where do you find them, from the various senior citizens clubs?

Mr. Cordero. Right. We get information from the rest of the seniors who happen to know their neighbors and they tell us that so and so should be looked into. We have an outreach person that goes out and looks his house over and if is—he has got to be in a certain position where he is not too rich and a certain age. We try and fix up his house.

Senator DeConcini. You first have someone who interviews or talks to the person as to what their needs are and whether or not they are at a particular income level, et cetera, which qualifies them for weatherization. Then what do you do?

Mr. Cordero. When we find out they are eligible, then we turn in a report to community service and they do send out a carpenter, who is paid by the county, I believe. He goes and does the work for them. It is not too elaborate because we can't afford a full-scale carpenter, pay his wages of about $10 an hour, but we do have someone that is adequate and he does a good job on it.

Senator DeConcini. When these requests are made, is there a pretty thorough understanding or a good understanding as to what is weatherization and what is remodeling? Are there a lot of requests to do other things besides weatherization?

Mr. Cordero. No. They do not ask for the remodeling because they know we cannot remodel their houses. What we do is just a stop-gap,

plastic on their windows to keep the air from going on through, weatherstrip on their doors, caulking their windows.

Senator DECONCINI. You don't get requests to put new doors on, for instance?

Mr. CORDERO. No, we don't. That we cannot afford to do.

If their roof is falling down, we cannot afford to do anything. There is no money for that.

HOME REPAIR FUNDS

Senator DECONCINI. I wonder if I might ask John or Ed as to the availability of home repair funds. No. 1, do you have some? I think you do in the act, at least. No. 2, do you get called on to do remodeling?

Mr. DEVORE. Under home repair right now, it is really difficult to implement. We have just been funded under the Community Services Administration for a model rural home repair program. We have received $9,000 for the region to implement this program. We really can't get into it. However, we do stress the guidelines at times where we have run into situations where the windows have been busted out of a home, we have run into a situation over in Prescott where the carpenter called to find out how he was going to weatherstrip a blanket that was on the door. These are distinct problems. Various Federal agencies say to contact somebody like the Farmers Home Administration and get them involved and have them do it. The problem is it is difficult to get somebody to qualify. It appears that Farmers Home is administered at the pleasure of the local representative and what he perceives as being needy and a necessity and whether he feels the structure can be approved.

Senator DECONCINI. Do you have any estimation of the requests for home improvements versus the $9,000 that you have been allocated? Do you keep a record of estimates of what the requests are?

Mr. DEVORE. It varies from geographic area to geographic area. In Springerville we have got a distinct problem over there because they are flooded out and low-income people have the distinct pleasure of living in flood plains in most communities. The requests are coming in. We don't really have a good handle yet on the rate and providing who is doing the program for us is sending us in a report. There is no way they can respond, No. 1, because of the costs involved for what they want. The purpose of this rural home repair program we just got is that it is just a model and we have to get out in the field and try and find out exactly what is the problem.

Senator DECONCINI. You don't have any numbers as far as the number of projects or an estimation of dollar value of what could be used in the region?

Mr. DEVORE. We have data on substandard housing, but we don't have data on costs. I am a firm believer that I do not advertise programs, say, on this energy or like this rural home repair program when your funding is so limited. You will end up telling somebody no, we can't help you because we just ran out of money.

Senator DECONCINI. Mr. Cordero, do you find that the senior citizens in your groups and the ones that you canvass are aware of the home improvement fund?

Mr. CORDERO. They are fully aware, yes, and they appreciate it.

Senator DECONCINI. Do you see a greater need for publicity or do you have the same problem that Mr. DeVore has. Sometimes it becomes difficult to say no and you don't promote that program?

Mr. CORDERO. It is difficult to say no because they see something being done for one of them and they want this too and sometimes it is impossible to do it all.

Senator DECONCINI. I have no further questions.

Mr. ARROYOS. I just have one comment, Senator. What we are talking about is a frustrating situation; we don't have enough money for home maintenance and money to repair and to weatherize, on the one hand, and yet you don't seem to qualify for aid to rehabilitate the home to bring it up to standards as far as the elderly are concerned. Is that more or less where it is at?

Mr. CORDERO. That is more or less where it is at, yes.

Senator DECONCINI. Thank you very much, Mr. Cordero. I appreciate your testimony. It will be very helpful to the committee.

Our next witness is Grace Boyd, president-elect of Coconino Council on Aging.

STATEMENT OF GRACE BOYD, PRESIDENT-ELECT, COCONINO COUNCIL ON AGING, FLAGSTAFF, ARIZ.

Mrs. BOYD. Senator DeConcini and staff, thank you for your time in listening to us.

I am going to be talking about the mobile market. As far as I have been able to find out, there are only three mobile markets in the United States. One is in Denver, one in Boston, and this one in Flagstaff.

A sociology professor by the name of Mike Allen instigated the idea in our town. During the years that he taught at NAU he was very active in the field of gerontology, both locally and statewide. Jim Sedillo of the Coconino community services did an extensive amount of research and got together the necessary information and material and wrote up the grant for the mobile market. It was funded through the Northern Arizona Council of Governments with a mini grant from title III. This is the funding to facilitate services to the elderly in order to make life more easy for them.

The van which was provided was a 1-ton International truck of 1976. It came as a shell and shelves were built to hold the groceries with a front retainer so that they would not easily fall off. There was also a refrigerator provided. The majority of the groceries are purchased at Foodtown, a locally owned supermarket. Foodtown donated the market $200 worth of groceries to start up business. So far as I know, this has kept the business going. This is strictly a nonprofit service. The van is owned by community services department and maintenance is provided by the county garage.

The first workers were Jerry Shell and Mary Cisterno from the Comprehensive Educational Training Act, CETA program. This was also a first for the area. This program was started as a 20-hour week for employable persons of age 55 and over. Job openings were provided by various social services in the county and by community service groups such as the hospital, chamber of commerce and others.

Constructive Project

I was interested in this program because it was one of the first constructive projects that I did for the council on aging. I served on the screening committee for the placing of the employees in the various services. This project, by the way, was begun in April 1976. In the year and a half of the van's operation, there have been other operators with whom I am not familiar except for a young woman who is now working on the energy program. I believe that she donated her time for a number of months when she was working on the mobile grocery van.

To clear up a misconception, I do not drive the van. My primary responsibility is the bookkeeping. My coworker and I work under the title IX program of Community Service Employment for Older Americans. That also is 20-hour a week program.

This is the way the mobile grocery works at the present time. We keep a basic stock of nonperishable foods in the van at all times. Also, a few milk products and bakery goods. We have canned meats. We have not tried to stock any meats or eggs except perhaps bacon and cured meat occasionally.

Most of our clients have telephones or stop at the community services office and give their orders to the secretary. Perhaps on their way home from a visit to the doctor or from the program, the nutrition program. The office, in some cases, helps them with their finances, including the purchase of food stamps. We collect our orders in the morning when we come to work and start our day by purchasing everything that we can at Foodtown. When necessary, we will fill in at other stores. Then we sort the groceries into individual orders and plan our route. We have worked on this for almost 3 months and neither one of us were very familiar with Flagstaff and we still occasionally get lost.

We stop at a number of homes who have not ordered, not so much to sell groceries as to check on them and talk to them for a few minutes. If we feel that they are able to participate in the nutrition program, we also encourage them to come out and socialize with the other people at the nutrition site. Occasionally we do lose a customer that way. They find that it is very pleasant to spend the morning with friends after their first reluctance at getting out into the world again is over.

The people of the nutrition center are taken to specified areas to shop on Thursday and Friday also. During the nice weather some of our regular customers go with them. Unfortunately we run across people who definitely should not be living alone. At that point, this is of concern to me because it is difficult to walk away and leave them.

Hoarding of Food

At times we do send assistance. The council on aging in this county has a homemaker service and when we feel that it is necessary, we contact the homemaker coordinator and she sends people out to visit them. Sometimes it is really not so much the cleaning or making meals for them as it is just to talk to them. Some are willing to accept help and some are very definitely not. In many cases, it is obvious that even though they do have the food they are not eating correctly. They are

too stubborn to change. Some of these people are food hoarders. Many of them have their refrigerators and their cupboards full of food and many of their refrigerators are not working properly and are really very unsanitary.

One elderly lady needed very badly to see a doctor. A friend was with her and she couldn't get her to go. She asked us to try to talk her into it. She refused because she couldn't leave her two dogs and her three cats. At this time, I don't know what has happened to her.

We do not have the time to follow up on these problems, but we do give the case to the outreach people and, if necessary, to the county health department. Many of these people are left to fend for themselves and they even have families in the community.

One serious drawback that both my helper and I do have is that we do not speak Spanish. That is probably not a good excuse after I have lived here for 4 years. So far I haven't gotten around to do as much about it as I should.

This unit did receive an award for its service to the community. I believe it was a State award.

That is all I have.

Senator DECONCINI. Thank you very much. Your testimony answered almost every one of my questions that I was going to ask you. I wouldn't feel bad about not speaking Spanish. I have lived here 40 years and I am more embarassed than you are.

Can you give me any idea of what you think the percentage of Spanish-speaking or Mexican-American elderly there are?

Mrs. BOYD. There are a lot. Probably the community service person in the audience could probably answer that better than I could.

Senator DECONCINI. Joe, do you know the answer to that?

Mr. MONTOYA. I didn't hear the question.

Senator DECONCINI. I wondered if there were any statistics on the percentage of Mexican-American elderly citizens there are in this region or even in the Flagstaff greater area.

Mr. MONTOYA. Not necessarily the elderly, but the Spanish-speaking population is approximately about 20 percent in Coconino County.

Senator DECONCINI. Do you have any idea what the percentage of elderly is?

Mr. MONTOYA. It is difficult to know. Census tracks State population by age groupings that go from 45 to 55, 55 to 65. Approximately 40 percent of the Spanish-speaking are presently in our existing programs.

Senator DECONCINI. Thank you.

Mr. Dunn, do you have that information?

Mr. DUNN. It is approximately 20 percent of the elderly in Coconino County are, in fact, Spanish speaking.

Senator DECONCINI. Do you find the lack of bilingual people a handicap in servicing those people?

Mr. DUNN. Yes, in fact, my own handicap.

Senator DECONCINI. I mean from the staff and those that are involved in the programs.

Mr. DUNN. Not in Coconino County because the Coconino County services does have a fine bilingual staff and most services are met through that mechanism. At my level we have a problem.

Senator DECONCINI. Thank you very much, Mrs. Boyd. I appreciate that fine testimony.

Mr. Arroyos, do you have anything?

Mr. ARROYOS. No, sir, I don't believe so.

Senator DECONCINI. The mobile unit is out in the parking lot now for those of you who might want to see it. Perhaps Mrs. Boyd will take some time after the hearing. It is a very unique and innovative idea.

Our next witness is Abia Judd, a members of the Governor's advisory committee on aging from Prescott. We thank you very much for coming such a long distance to testify before this committee.

STATEMENT OF ABIA W. JUDD, PRESCOTT, ARIZ.

Mr. JUDD. Thank you, Senator. We appreciate your coming to meet with us in various areas of the State to hear some of our problems. I think this is an indication of your interest and the Senate as a whole in the particular area of our population.

For a little bit of information, Yavapai County is the fastest growing county in the State. The population distribution in Prescott right now is 30 percent of the people are over 60 years of age. The Verde Valley area is fast approaching this same percentage. We find that our fast growth down there comes from the senior citizen element of our country and is creating quite a few of the problems.

The five things that I listed particularly to talk about have been mentioned. I just want to bring out a few points about each one.

In reference to the matter of insurance on busses, we find, as we contact the cities and counties, that some of the smaller cities are totally incapable of providing insurance costs for the busses. The board of supervisors get a little bit technical and a little bit squeamish about offering this service. They are afraid that they are going to be asked by too many different groups. The insurance cost, as Ed indicated, is one of the prohibitive factors in providing the van. Most of us need more than one. This cost becomes prohibitive. I have wondered why fleet insurance couldn't be carried by the State itself as they are lien holders on the title of the particular vans. I think this would equalize part of the cost and would provide a much simpler way as far as taking care of this particular cost of the vehicles.

LETTER OF APPROVAL OVERLOOKED

One other requirement that is quite a hinderance to most of us is the letter of approval from a mass transit owner showing that they will not be against the acquiring of the van or a bus if one is acquired. Most of these people operating these small transits in rural areas are of such a small operation that they hesitate to sign anything or do anything for us. The State, in our case, has been willing to overlook this particular item with the hopes that the mass transit owner will stick to his word and say, well, we are not going to sue you, but we are not going to sign a letter for approval of the bus.

The other area that they talk a lot about is mass transits, they complain a lot that we are taking business from them in providing this service to the aged, but in our survey we found this really was not

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happening. The people that we haul on the van are not people that the transit group provides service for and they are not particularly interested in routing their runs so that it would get the people to where they want to go.

The maintenance and operation of vehicles in the smaller rural areas is a big problem. This costs quite a bit of money and it is hard to come by. In our case, the city and the county officials have been willing to do this. As I mentioned earlier, with the assurance the smaller communities do not wish to do this. So we need some help in this area.

In the matter of senior centers. I think the rural areas of the State could have been smart like Phoenix and Tucson were and got their buildings built when revenue sharing first came into the picture. They got the buildings done at almost 100 percent Government cost. We find ourselves now without centers. Without centers the carrying on of programs becomes a real problem. We have to rent places or get them in churches and things like this. It scatters the program out.

We don't have a center, so to speak, that brings all of the units together. By bringing all the activities together in one center, we feel that this would enhance all of the programs, would improve the service to the people a great deal and would mean a great deal more to the older Americans because they could participate in a lot of activities rather than just a meals program or the information or referral program or something of that type.

Legal aid service is one of the services that is quite badly needed in the rural areas. These are, well, they apply not only to senior citizens, but to all the people, even children are involved in some cases of need for this type of advice and guidance.

Funds Raised to Keep Program Going

The required 20 percent in cash for operating this program is almost prohibitive, even in places as large as Prescott. We have to get out and raise $1,100 every month to keep the program going. After contacting the people on the street for a few months in a row we find that we are short of funds. We are trying to auction off cars and things like this now to raise the funds. It is a service that is needed.

Quite a few of the senior citizens could pay some cost in this regard, but they are afraid to make the first contact with the attorneys because of costs. If legal aid existed and could provide this service and give guidance, why, then, I think this would help this program a great deal and relieve a lot of the elderly people of some of the concerns that they have, too much insurance, not enough insurance, all of the things that they fall victims to because of ads they read and information they hear on TV and things like this.

In reference to our nutrition program, this is one of the more successful programs, I feel, and its results are probably more noticeable than any of the other programs. This has done a great deal to get people out of their homes, to get them to start to mingle, establish friendships, things like this, so that they participate.

One of the problems, of course, in the delivery of meals is the lack of financial help to pay a person who takes their car and drive, some of our people drive as much as 30 miles a day. This is too much of an expense for them to carry, the insurance that is involved, then it

hinders our solicitation of volunteers for this program. They are afraid with all the publicity that we hear about suing and being sued that it makes it a little bit difficult. If some system of insurance could accompany some of these acts, and I am not sure about the details, probably only at the State or maybe the county level, it would help these programs a great deal.

The home delivery of meals, I feel, is one of the excellent things that does quite a bit to reduce the cost of medical bills for some of our senior citizens. We have a deal working with the doctors where the doctor will call up and say Mary Jones can be sent home today if you will see that she gets a hot meal a day. Her case is documented as far as the need for it and everything is concerned. If we stuck by the recommended percentage of home delivered meals, we would have to cut out about 50 percent of the meals that we deliver at the present time.

This title XX deal has been mentioned here, having to dig up money and send it to the State before we can get money back, the level of income that you have to be to participate in this. I had one person say that is not low-level income, that is starvation, and it is, the criteria that we have. A lot of people who are in the high level of income need some of this service. They just don't qualify because of this level that is put on it. Our outreach workers run into this and it causes quite a bit of trouble.

Trained People Needed

In-home care, I feel, is one of the big fields that needs more direction and more help than any of our programs. It is one that needs trained people, it needs more financial aid. The fact that the program is being carried on in some areas, like just a little indicated by the meals, a few more of these services would save a lot of medicare costs and things like this as far as the program as a whole is concerned. It takes trained people to train other people to get into homes and provide this kind of service.

There is another thing that comes in here that is very important, I think, and this is the home visitation, the fact that somebody goes into the home and visits with this elderly person, makes them feel wanted, gets them interested in getting up and moving around and things like this so that they do start to take care of themselves instead of just sitting at home and feeling sorry for themselves.

The day care facility that could be carried on with the senior citizen program would be another area of rehabilitating some of these people who have been sick and getting them out in the community. You have got to have a center that has the facilities and the capability of taking care of this program. A one-to-one relationship that we are starting to experiment with, I think, has a lot of possibilities. This would provide for transportation to the doctor, the bank, the dentist, things like this. It would establish a relationship that develops into a feeling that you have got somebody you can contact, somebody you can approach.

We had an instance in Prescott where a man knew of another man, this one man was one of our volunteers, he knew of another man who lived right through the block from him and went over and saw him and after three or four times got him to come out to the meals on wheels program. After doing this two or three times, he became a steady customer. At the recognition dinner, he stood up and said: "I owe my life

to this program. I am here because somebody cared. I am well, young, and happy again because of this service."

We want to thank you for coming and we appreciate it.

Senator DECONCINI. Thank you very much.

Regarding your legal services program, do you have any data on how many cases you handle?

Mr. JUDD. We have got 80 cases on file right now.

Senator DECONCINI. What do these cases mostly involve?

Mr. JUDD. Most of them are really just for advice, really, in most cases, the fact that they are able to talk to an attorney, some of them want to change their will, but they are afraid to go to an attorney, things like that. The advice they get, most of it, seems to be what they want, just the chance to go and talk to an attorney.

Senator DECONCINI. Do they do probate work and this sort of thing for them?

ONE ATTORNEY SERVES PROGRAM

Mr. JUDD. In most cases because of the income level at which they operate, the only thing they do is try and advise them. In some cases where the income is low enough they do this, yes. We are finding in a few cases that even though they are advised and told of an attorney to go to after their income is checked and so forth, the people won't take this next step. They need somebody to take them by the hand so to speak and take them. They do and will go to the legal aid. The next step there seems to be a breakdown at this time. We have only got one attorney and that is nowhere near enough. A lot of these cases, especially in the beginning of the program, if they could be taken care of there, even with some overlooking of the income level, if these cases could be taken care of, why, I think it would help the program.

Senator DECONCINI. What is the budget of that program, do you know?

Mr. JUDD. What is it Ed, 40, 44?

Mr. DUNN. Approximately. Let me point one thing out. The current program in Yavapai County is not funded by the Legal Services Corporation. That is one of the mechanisms that Yavapai County Council on Aging, likewise every group that is trying to get them into that funding flow, it has been operating on a shoe string, to say the least, a minimal grant of title III funds, some CSA dollars and hopefully some local generation will be able to match the title XX dollars. One attorney, as Mr. Judd pointed out, is pretty much in the position of fund raising now. He can't really help the people and that is what we are after.

Senator DECONCINI. Senator Kennedy has introduced a bill that has a section for a legal services program for the elderly under the act. In addition, Senators Kennedy and McGovern and myself, and, I believe, Senator Domenici, is on another bill which would create a new section for home delivery meals under the Older Americans Act to be coordinated with the current nutrition program for the elderly. I am hopeful that this committee can get behind these programs and this testimony is helpful to demonstrate the need.

Mr. DUNN. I would like to just comment on the Senate bill for the legal services, Senator. The regional council on aging did endorse that legislation. The only problem we had at the regional level is the cur-

rent appropriation or the funding level asked is approximately $20 million. I compared that in my letter to Senator Kennedy with the $20 million that is appropriated in title V.

INADEQUATE FUNDING

Our share of title V in northern Arizona is $15,000. If we compare the figures between title V and the new Legal Services Corporation or the new legal services bill, we are going to receive $15,000 and that is not going to be quite adequate to provide legal services in our four-county region. That is why part of my testimony was to try and get some equity in terms of rural funding for some of these services that we just can't absorb.

Senator DECONCINI. Do you find that having legal services gives these people greater confidence and security?

Mr. JUDD. Very definitely. This makes them feel a lot better. We have had two or three cases, these are personal experiences, where we have heard people say, well, gee, I feel so much better now, I feel like I don't need to worry about this. I hear a lot of little things like this. I don't know whether our situation is particularly different. We are finding quite a little bit of opposition from the attorneys. They decided it was going to come so they endorsed the program. After we got it started, getting them to help, they just gave us the cold shoulder. They kind of said yes because they thought they would have something to do with the way we formed it, as I indicated here. I don't know. We need an educational program. I don't know whether the American Bar Association can help this or not.

Senator DECONCINI. Mr. Arroyos, do you have any questions?

Mr. ARROYOS. I am wondering, Ed, if you could get a list to the committee on the specific needs, what the senior citizens are really asking for as far as legal services are concerned? I think that would be interesting.

Mr. DUNN. Certainly.

Senator DECONCINI. Thank you very much, Mr. Judd.

Our next witness is Mary Fran Leisk, secretary of the Governor's Advisory Committee on Aging, from Cottonwood. Her husband was going to be with her, but I understand he is gainfully employed today. Tell him we miss him and thank you for traveling this far.

STATEMENT OF MARY FRAN LEISK, COTTONWOOD, ARIZ.

Mrs. LEISK. He felt very badly that he couldn't come.

Senator, we really are happy that you did make this trip to Flagstaff.

The problems that I made notes on have mostly already been touched on and it would be repetitious to go into detail on them.

In the Cottonwood and Verde Valley area, transportation is always listed as the top priority at every meeting we attend. One person told me that it has been listed that way for 10 years. This year we thought that our problems were going to be over because we were probably going to be able to have a van in operation. The insurance rates and some of their rules are part of our problem. It would seem to us that perhaps the insurance companies should maybe be checked into. Twice this year, because of the insurance companies, we haven't been able to

obtain the use or rental, first of all, of a schoolbus and, two, the buying and putting into use of a van may become blocked now because the insurance rates are exorbitant.

In the case of the bus that we were going to rent or charter to go down to the capitol on senior citizens day, we checked into renting a schoolbus and we were told that the schoolbus was insured by a company that only insured it to cover school children and/or school personnel. Apparently if anyone else rides on it they do so at their own risk. In the case of the van, the Yavapai County board of supervisors were checking into perhaps paying part of the insurance and they found out that the insurance rate has jumped about 300 percent since last year. Maybe more. I don't know.

I spoke to a member that is on the Governor's advisory council about this one day. He said that the sad thing about, checking into insurance companies through the State board of insurance, is that in each of our 50 States the head of the State board of insurance is a former insurance company executive who has retired and we found that to be a ridiculous situation.

Part-Time Worker Fired

Other problems in our area, a rural area, are the lack of job opportunities for retired people who really couldn't afford to retire. We need some way to help them. Recently we had a letter from NACOG telling us of some job opportunities at the Coconino National Forest under the title IX. This meant they had to be over 55 and at a starvation income level that they mentioned previously. One of the retired people from our center went out and applied and was very happy that finally after they checked and rechecked his income to be sure he wasn't going to become rich at this, they decided they could take him part-time, which pleased him because physically he felt that was all he was capable of. After he worked 2 weeks, he was informed that unless he would take it on a full-time basis, he was out. So he is out again. I have been told that there are title IX slots that sometimes go begging for applicants in the cities like Maricopa County and the Tucson area, yet in the rural areas there are people and we don't have the slots presented.

Another area that I am going to touch on lightly is on the health insurance. Most of the retired people that I have talked to in our Verde Valley senior citizens center seem to have an unreasonable fear of becoming ill and they are confused about whether their insurance they are carrying, and their supplemental insurance, is going to tide them through some serious illness. As a result of this, they send away for almost everything every time they receive a brochure on health insurance, they buy it. This doesn't seem fair to me. I think perhaps the people would have much more confidence in national health insurance becoming a reality for us.

That is all that I have to say. I do thank you for the opportunity.

Senator DeConcini. Thank you, Mary Fran.

Regarding the insurance purchases and their sales pitch, some centers where the committee has had testimony from in other areas, attempt to get legal services or lawyers or even people from insurance companies to come and give talks. Have you attempted to do any of that?

Mrs. LEISK. Yes. We have had before, through Yavapai College programs, we have had speakers talk to them. It doesn't remove the fear. They still are just terrified. I personally had a personal friend that died of a severe illness. He was 85. When we were checking into his papers, he had about 15 policies that would take care of him in case of accidental loss of a limb. I find this sad. It is fear that does it, Senator.

Senator DECONCINI. Do you have a problem of encouraging people who live in the Cottonwood-Verde Valley area to participate in the center? Obviously transportation is a problem. Can you meet the transportation needs now?

Mrs. LEISK. We are meeting it right now by just some of our members going out in our own cars and picking up people. We aren't reaching the ones that we should be reaching like the very, very poor. They hesitate to call us and we can't seem to get them to come when we ferret them out. We do think if we had the vans they would be delighted to ride on it. We run into the same problem delivering meals and going after the guests to bring them in, too. Some people we know would volunteer if they could afford it, but they just can't afford the gasoline.

Senator DECONCINI. Debbie mentioned to me that under the bills that Senators Kennedy, McGovern, myself, and others have introduced, there is a reimbursement for gasoline expenses for volunteers.

Mrs. LEISK. That would be encouraging. We had one businessman in Cottonwood who mentioned one day that he didn't think that the senior citizen population, although it was growing by leaps and bounds, did too much for the business people, but George and I knew better because we have picked up the gasoline sales enormously in that area, and so have our friends and our other workers in our center. I am sure that it has almost removed the depression point of the service stations.

Senator DECONCINI. Give our regards to George, please, and thank you very much.

Mr. Arroyos, do you have any questions?

Mr. ARROYOS. No.

Senator DECONCINI. Our next witness is Grace Holloway, site director of the Yarnell nutrition program for seniors. We appreciate very much your coming all the distance that you have come, Grace, to be with us today.

STATEMENT OF GRACE HOLLOWAY, SITE DIRECTOR, YARNELL, ARIZ., NUTRITION PROGRAM FOR SENIORS

Mrs. HOLLOWAY. Thank you very much, Senator.

I am not quite sure how I got here to be on this panel. I had three alerts from the BOA and they listed Holbrook, Winslow, Cottonwood, and Prescott as a rural area, but they didn't mention Yarnell. Anyway, I am happy to be here.

Also, would you mind if I asked my group to stand up? We have a van load plus my car.

Senator DECONCINI. We would be pleased.

Mrs. HOLLOWAY. Please arise back there.

Senator DECONCINI. We want to give you our thanks for coming this distance. We are sorry that you have been left off the list of rural

areas of Arizona. I know Yarnell and it is rural indeed, and you can be very proud of it.

Mrs. HOLLOWAY. Perhaps we were too small, but at least now they know we are here.

Senator DECONCINI. We do now, I'm sure.

Mrs. HOLLOWAY. I would like to speak today about Yarnell and the particular problems that we, the elderly, face in this community.

Yarnell is located approximately 30 miles northwest of Wickenburg and about 40 miles southwest of Prescott. The Bradshaw Mountains separate us from Prescott. It is about an hour's drive to Prescott. There are two service providers who live at Yarnell on a monthly basis, the department of economic security and the Social Security Administration.

BUDGET LIMITATIONS CURTAIL SERVICES

Potential Prescott based service providers have expressed their willingness to meet the needs in the Yarnell area, but, like everybody else, the budget limitations for travel and staff do not allow for this. This situation also applies to the Yavapai County Health Department which has implemented a policy of only serving residents who live within a 30-mile radius of Prescott with the visiting nurse program.

Because of the lack of services in Yarnell, we, the senior citizens of the area, organized so that we could become our own service providers. In July 1974, we had our first meeting. At that time we first became aware of programs that the Northern Arizona Council of Governments had for senior citizens, but we were told that there was no money available for our area.

We continued to have our meetings, potluck supers, rummage sales, pie auctions and other activities to raise money so that we could fund our own program. In March of 1975, we opened our meals program using our own money on a 30-day trial basis. In April 1975, we received a $6,000 grant to operate a limited meals program for the senior citizens. In October of 1976, we received title VII funding for our meals program and we are still going.

Because Yarnell is so isolated, we recognized the need for some type of transportation for senior citizens. In August of 1976 we received a title III grant to purchase a 12-passenger van. As of last month, the van had 18,000 miles on it. Every one of the these miles had been to transport the senior citizens of the Yarnell area to the meals program or to other towns for doctor's appointments, shopping or recreation.

We feel that the greatest need of the senior citizens of Yarnell is for medical care. We have no doctors, no dentist, no pharmacist, no nursing homes and no elderly day care facilities. Once a week our van goes to Prescott so that the senior citizens can see their doctors and get their prescriptions filled. On many occasions I have been called at home in the evening and on weekends to take a sick person to the hospital in Prescott because there is just no one else in the community to do it.

For the senior citizens with special problems, they must make the trip to Phoenix to see a specialist. We have made many trips to Phoenix to take a sick senior citizen to the doctor. We do not have any home help or homemaker services in our area. Many senior citizens are forced to leave their homes and move into nursing homes in the city when they get sick.

I would like to ask that the Senate Committee on Aging study this problem because it is not a problem that is particular to Yarnell. Many small rural communities in this State have the same problem. We would like to see the small rural communities have the same opportunity to receive services as the urban community. We want to remain in Yarnell. We do not want to be forced into moving elsewhere when we are less able to take care of ourselves.

We thank you very much for coming and we thank you for letting Yarnell be here.

Senator DECONCINI. Thank you very much. We do appreciate your coming.

I am under the impression that the Yarnell Senior Citizens Association has been very successful in raising your matching funds. Apparently that is true.

Mrs. HOLLOWAY. It is very true.

Senator DECONCINI. Many communities often have great trouble in raising these funds. Can you give us any suggestions for other communities besides bake sales and what have you? What is the secret of your success?

SECRET OF RAISING FUNDS

Mrs. HOLLOWAY. Well, the telephone is very, very helpful. All we have to do is pass the word more or less. This is sort of the way we got our van. Somebody said there was a van for sale, let's see if we can get it. So, well, where do we get the money. We just put out the word to see if we could get some money for the van. I only asked for pledges, but what I got was cash. It kept coming in little by little and we just got more and more. Being a small knit community, even the one with the very lowest income will dig down and they will help because they know it is a service that is needed and that will be helpful to them.

Mr. JUDD. Let me interject something here. It is little more of a tribute to these people. Through a particular agreement with the area agency and under Ed's leadership, the area has come up with $15,000 to help them buy their center down there. These people have raised all but $139 now of $5,000 to make it possible for them to have their own center. They are to be highly complimented.

Senator DECONCINI. Indeed.

We have heard that you have been able to bring senior citizens from other States and counties into Yarnell for joint functions. Can you confirm that? Do you have any suggestions as to how this might be done for other parts of the country?

Mrs. HOLLOWAY. Well, all I can say is that this year we are probably going to have an overflow maybe because the chamber of commerce had a booth at the State fair and it was manned almost totally by senior citizens. The businesses that weren't there didn't get recognized, but the senior citizens did. Perhaps this is what it is. Maybe another thing is we had a tragedy in our town and our center was used as the point for the FBI, directly across from the bank. I think this maybe has had an effect on people coming to Yarnell because they wanted to see what Yarnell was like. They know about the senior center from that. They used our center for this particular thing. The FBI just took over. Perhaps this had something to do with it. I don't know.

Senator DECONCINI. That was with your approval, I presume.

People Willing to Work

Mrs. Holloway. No, it wasn't, they just came in and took over. No, we think our center is sort of unique because we had to start out in a different way. We were in such a crowded area that we had to have volunteers to serve the people individually. When we moved to the other place, it was a little larger and they sort of got in the habit of being waited on. There are so many volunteers that are willing to work in Yarnell, which makes it fantastic, it makes our program maybe more outstanding because we do have the willingness of the people to work. They come in and sit down and they are served their drink and their plate and they don't have to go to the window and pick it up, that sort of thing.

Senator DeConcini. Thank you very much, Grace. We appreciate your testimony. Thank you for traveling all that distance.

Our next witness is Carol Sue Cain, director of the senior center in Winslow.

STATEMENT OF CAROL SUE CAIN, DIRECTOR, SENIOR CENTER, WINSLOW, ARIZ.

Ms. Cain. First of all, I would like to tell you why we have chosen the particular witnesses that we have. Our primary needs in Winslow are better communication of programs available that tie into the senior opportunity programs of the Older Americans Act. Another problem is recognition of the unbelievable obstacles that must be overcome to provide senior programs in rural areas of sparsely populated States that have low-tax bases, and better funding for advocacy.

In Winslow we have found no home health care delivery available—private, public, or otherwise. There are few people willing to do home repair and maintenance such as yard work at a reasonable cost or at any cost. There is no housing for older adults who need the association of congregate housing and social interaction with their peers, as well as a safe, secure and affordable home. In 2 hours 92 persons signed up to move into 26 apartments which the council on aging is attempting to finance. Since that time the list has gone well over 100.

Along with the basic necessities, better advocacy services are needed because in many cases there are agencies and people already mandated and responsible for delivering these services. Unfortunately they like their salary and their title, but they don't like to exert the authority that their responsibility and position has given them. It took us $160 worth of long distance phone calls all over the United States to get the Bureau of Indian Affairs, Indian health services to just deliver service to Mr. Juan Montoya. In the end, we ended up exactly where we started. It took us 3 weeks to get there.

Frustrating Experience

Attached to our typed testimony at the end of Mrs. Elizabeth Montoya's testimony is our advocacy effort [1] on a daily basis to get help for her husband, Juan Montoya. This log does not include the efforts

[1] See p. 678.

made on Mr. Montoya's behalf by Congressman Rudd's office. This was the most frustrating thing I have ever had to deal with in my life. If I had the time, I would have gone to Albuquerque and literally cracked some heads open. That is how frustrating it was. People would promise to call us and never even gave us the courtesy of a return phone call and say they couldn't help us, you have to go someplace else.

Senator DECONCINI. Has that been resolved at all?

Ms. CAIN. I believe it is resolved. However, we had a visit from a Bureau of Indian Affairs social worker from the Hopi area office. How she got involved in it, we still don't know. The Indian health service is taking care of the situation.

This gentleman over here, Happy Baxter, who is pretty stubborn and pretty tenacious, and several other people, at their own expense, very often using their own time and their own talent, fight for the senior citizens Winslow center, then eventually the meals program. Now, these same people, along with others who no longer feel so helpless, have joined the effort to get better housing and health care. In Winslow there are 1,200 individuals over the age of 60 who participate in our senior opportunities programs. Most of them have problems which take more than just phone calls to solve them. These people have paid their dues and I believe they have a right to our help and our assistance. I hope that you agree with me.

Mrs. Barela Duran was unable to be here today because of poor health. She has suffered two strokes and she is almost blind. If it is at all possible, her testimony is very short, but it brings out some very poign[illegible] facts about substandard housing that we would like to share, if it is possible, I would like for Deborah Harmon to read that testimony.

Senator DECONCINI. Mrs. Harmon, you may proceed.

STATEMENT OF BARELA DURAN, AS READ BY DEBORAH L. HARMON, SENIOR CITIZENS CENTER, WINSLOW, ARIZ.

Mrs. HARMON. First of all, this testimony is verbatim. We had a tape recorder take this from Mrs. Barela Duran so it is in her own words.

She is a Spanish-speaking lady so she does have some difficulties with the English language. I think her points are well made.

[Mrs. Duran's statement is as follows:]

I live in Winslow, Ariz., at 623 Washington Street. I guess what I am about to tell is the trouble that I have been through ever since I have been sick. I needed roofing paper on my house. The house was leaking but not too bad until we had a big rain. That is when part of my ceiling came down. The water was just pouring down into the kitchen. I had to bring me a big tub and put it on top of the cupboard and from there I started the bucket to the sink until the rain passed away. That was the last rain we had.

I then heard about the senior citizens doing some kinds of jobs for people that didn't have any big income. I am living on a pension and my social security. My pension is only $84 from the VA for the service of my husband and my social security is from my husband too and from myself when I used to work when I was able to work.

VOLUNTEERS REPAIR HOME

Ever since I had my two strokes in 1956 and 1959, I haven't been able to work any longer so I have to be at home all the time. I am alone. I live alone. If it hadn't been for these people, the senior citizens, I don't know what I would have done. I don't know what. They give me cause to live again. Also, I was a very bad case. I was sick. I had to go and see the doctor after the people got here from the center.

They did a good job. They put roofing paper on my ceiling. They even painted my kitchen walls. Oh, yes, I had the plasterboard for about 2 years waiting for someone to fix my ceiling, but I never did find anyone to do the job. Being as I needed roofing paper, I said to myself, I had better start buying roofing paper. I used to buy one or two rolls at a time. I had six rolls in the garage when the senior citizens center came into my life and I had the plasterboard. I had the plaster in the garage for about 2 or 3 years.

By the time I had my roofing paper the water was just spilling out. I just wished it would never rain again. These people fixed my roofing, they fixed my ceiling, they painted my kitchen and it is nice and clean now. I am very grateful for everything they have done because I couldn't do it my ownself because I don't get very much on my pension and my social security. I felt bad about it. I even got sick.

I said to myself, what am I going to do? I just gave up. I had to go to the doctor, but after that I feel all right. I am taking my medicine, but I felt bad at that time. I am telling this to help other people who might be in the same fix as I was and that I might be in again in the future, but I sure hope not. Other people need help like I was helped. I am very grateful. That is all I have to say.

[End of statement.]

Mrs. HARMON. She then had a final comment in Spanish, my Spanish is pretty poor, so I will translate it: "I am very grateful to all the people who helped me. I would like to thank them all. I thank God for sending the senior citizens to help me. God bless you all."

Thank you.

Senator DECONCINI. Thank you very much. I have had an opportunity to visit your center and I complement the people and the spirit of Winslow. Obviously more needs to be done but I am very impressed with the effort there.

We have Jesse Baxter from Winslow with us today.

Mr. Baxter, we are very glad to have you here.

STATEMENT OF JESSE BAXTER, CHAIRMAN EMERITUS, WINSLOW COUNCIL ON AGING, WINSLOW, ARIZ.

Mr. BAXTER. Thank you, Senator DeConcini.

I am Happy Baxter from Winslow, Ariz.

In 1970 we became involved in starting our center. The funding for the center program was available, but no amount was specified or particularly mentioned. We started the meal program but first we had to have 25 percent cash matching funds.

We started traveling to Prescott in 1973 to organize the county aging council. We went to the senior citizens to learn and to get Winslow started. We went to the Central Arizona Council, but we didn't

get told anything. Winona Montgomery mentioned NACOG and NACOG would tell us something different. All of this conflicting information, nobody said the same thing twice. In 1974 we went to Phoenix to several meetings down there and found out nothing. Finally, NACOG listened and gave us $3,000 to renovate the old fire station and to get the senior citizens together. In 1975, NACOG gave us seed money and we started a nutrition program expecting it to fail. After that it became a full title VII program in 1976. It was still expected to fail. We are serving today 160 meals.

Senator DeConcini. Mr. Baxter, is there ample available resources now for expanding that program or are you at your capacity?

Mr. Baxter. We are still working down there.

Senator DeConcini. Do you have anyone that you think you could serve additional meals?

Mr. Baxter. Yes.

Ms. Cain. We have the funding for approximately 130 meals a day. We are 160 now. We are already out of date.

Senator DeConcini. You still have your application in for your housing?

Ms. Cain. Oh, yes. We are proceeding on our housing thing through HUD right now.

Senator DeConcini. Our next witness is Elizabeth Montoya, who is also from Winslow. We are very pleased to have you, Elizabeth.

STATEMENT OF ELIZABETH MONTOYA, SENIOR CITIZENS CENTER, WINSLOW, ARIZ.

Mrs. Montoya. I am happy that you are here, Senator.

My name is Elizabeth Montoya. My husband is Juan Montoya. We are both American Indians, Pueblo Indians. He had his stroke on June 8. I had him put into the public health service hospital, which is an Indian hospital. On the day when he had his stroke, he had called, we had called the ambulance because he was already unable to walk. He stayed at the PHS hospital for about 2½ weeks. Then the PHS hospital, which is the Indian hospital here in Winslow, had closed down. Well, we had the doctor and all the family in to see where we could send him. He had medicare and we had him transferred down to Winslow Memorial Hospital, which is here in Winslow also. He stayed there for about a month.

A therapist came from Gallup and told Mr. Montoya that he was going to take him to help him as he was a therapist. He had to go over there on the 29th and stayed for about 2 weeks. He came back on August 10. They discharged him. They didn't do any kind of help for him over there. We did go over to visit him. It was pitiful the way he was sitting down in the basement.

Senator DeConcini. Mrs. Montoya, would you like Carol Cain to read the rest of your statement? We would be glad to have her do that for you.

Ms. Cain [reading Mrs. Montoya's statement]. It was pitiful the way he was sitting down in the basement with the other patients. That is where they had the therapist, down in the basement. He had some kind of weight around his foot on the side where he was paralyzed and on his wrist on the side where he was paralyzed and had something

hanging from the ceiling that he was pulling up and down. He tried to use that weight on the side where he was paralyzed and all he did was sit there and cry.

Well, we were there and nobody had said anything. By the time we got back again, they had told us that he was discharged on August 4. They never notified us. Maybe they did, but I wasn't there when they did. He was discharged on August 10. He got back to the Winslow Memorial Hospital on August 11. Well, he came back very poor. He looked like they never had fed him. He was so weak he couldn't even drink water from a straw. He was too weak to sip on a straw. I didn't know what they had done to him over there, but I know there was no help for him there. To me they might as well have just killed him over there.

Baby Food Diet Restores Life

If he was really unable to do the things that he was doing here before they transferred him to Gallup, they might as well have killed him. He couldn't say the words he needed to say, he could not move his legs. Everything was dead in his body and we had to take him to Winslow Memorial Hospital to bring that leg back to movement. All they had to do was to put on a hot towel and a hot pad and that is what brought the leg back to life. They fed him on baby food and that brought him back to life again. I don't know what to think of the Indian hospital. They are places where they must really mistreat people. If someone would just go and see into it and see what they are doing with the patients, whether they fed them or just push their food to them. Some are unable to feed themselves.

He had better care at Winslow. We had to put him back over there. I didn't know where else to put him. His medicare had taken care of that. Then his medicare was about to go out. Again we tried to get help from everywhere. We first called Keams Canyon and tried to get help from the Government, but they turned us down because he wasn't from that tribe. He had to be a Hopi if he wanted to go to the rest home here. Since we weren't, we called here and there. We called to New Mexico to Santa Fe to Mr. Carr and he couldn't help us because he had been in Arizona too long. They told us to call back to Phoenix to Jimmy Dayton and to Albuquerque to Coy Davis and back to his tribe, the Santo Domingo Tribe of New Mexico. We tried to get help from these people.

We called the governor of the tribe. Again, he was turned down by his own people. Again, we called Mr. Lifebird in San Jose to pay PHS hospital, but we could never find him there. They keep telling us to call back to these people. Well, none of them would help us. There was no help coming from nowhere. His medicare was almost up. I was just about going crazy.

I called the senior citizens. Thank God. He had sent them from somewhere and they are the ones who helped me. I talked to Debbie. I had called for Pauline, but she wasn't there. Debbie said maybe she could help me. I told her all about my troubles. She said she would talk to Carol and she would come over right away to see me. Bless them. They were my help. If people only knew what I was going through. I told my friends that now I know why people commit suicide. I felt like doing that. I was turned down everywhere.

We also went down to the Navajo County medical certification office and tried to get help. My friend Pauline was with me. They also turned me down. There was no help there. I really didn't know where to turn to, as I have said before. I just thought of the senior citizens and that is exactly where I am getting my help from. There are people calling from Phoenix and Keams Canyon still telling me that they can't help me.

ENCOURAGEMENT HELPS

I don't remember everything. I sure don't remember, but it was through Debbie's encouragement, she kept telling me everything was going to go through, everything will work out. I could hear her voice inside of me just repeating it, it is going to go through. I just about had a nervous breakdown over it. I cried and cried and cried. I would tell myself why am I crying, it is not going to help me, crying isn't going to help me. The encouragement did help a lot. Then Carol would come along too. I could just hear their voices today, just what they encouraged me. This is something that I never really thought would go through, something that I never dreamed would happen.

It was so sudden, that stroke. He was well and sitting there after having taken a shower, still talking. I went into the bedroom to get something and I came out and there he was. He was sitting on his recliner, his face was turning sideways. I rushed to him and I said what is happening, what is wrong, he tried to speak to me and he couldn't speak no more. I stood up and tried to make him walk. His legs were already wobbly. I laid him down. I hoped to take care of him, but I don't have the strength. I could not take care of him. Maybe I will go before he does if I bring him home. I don't have the strength.

When we went to the medical certification office here in Navajo County, they told us if I couldn't take care of my husband, I needed a letter from my husband's doctor. We went to get one from him. That is Dr. Fusarro. Of course he gave us one. Again, it didn't help because the person at the medical certification office said my husband had too much income. The only way they could help was if all of his income was given to them and they would pay the balance for the nursing home. I asked what was I going to live on if they took all of his money and right there I told them to take every crumb that they had on their table and give it to me so that I could be their garbage disposal. There was no help. The reason I am doing this is that maybe somebody somewhere in the same fix or may be in the same fix I am sometime, so maybe there will be help somewhere. Again, I will say thanks to the girls at the senior citizens center. They are the only ones that are helping me and making me not feel the way I used to again. God take care of them and help them to help people that are in need. It is not fun when you are this sick.

I hope you understand my English. I don't speak your language. I hope I made everything plain to you and you understand. I will say thank you very much. God bless you all. I will remember you all in my prayers.

Senator DECONCINI. Thank you, Mrs. Montoya. Indeed, that is most interesting testimony. It is a disgrace to the Indian health service and the lack of attention from the Government agencies. They are so big that they can't cope with the particular problems that you have

described. I can assure you that it is a shame and I am ashamed of our Government. With your permission, I would like to take your testimony and use it in the proper form to demonstrate to some of our Federal agencies that deal with the Indian health service that there is really a need for an overhaul. If legislation is necessary, needless to say that will occur. I thank you for straining yourself and being willing to come forward with this type of information.

Mrs. MONTOYA. Thank you very much.

[The advocacy effort previously referred to follows:]

ADVOCACY EFFORT ON BEHALF OF JUAN MONTOYA

INTERVIEWER'S COMMENTS

Mr. Montoya had a debilitating stroke in June. He has been treated at the Public Health Service Hospital, the BIA Hospital in Gallup, and Winslow Memorial Hospital. His medicare coverage expired September 18, because medicare will not continue to pay for custodial care in hospitals. The family had made several contacts throughout Arizona and New Mexico in an attempt to get financial assistance for placing him in a convalescent care center. The facilities adjacent to the hospital here in Winslow does have a contract with the BIA for maintenance care for Indians. However, they have only been serving members of the Navajo and Hopi tribes as these two tribes exist in this region.

Mr. Montoya needs institutional care as Mrs. Montoya is physically incapable of caring for him at home. Due to his paralysis, he is very heavy to move and he is unable to walk or talk at this time. The Montoyas need financial assistance because Mrs. Montoya would have little or no money to live on if she had to pay for Mr. Montoya's care.

Mr. Montoya is a Santa Domingo Indian and his wife is a Laguna. Both of these tribes are in New Mexico.

The following is a list of the advocacy contracts we made and a brief description of what transpired.

(1) Public Health Service, Winslow; Mr. Stock, assistant administrator. This agency said there was nothing they could do because BIA rather than PHS contracts for nursing home care.

(2) Winslow Convalescent Home, Winslow; Mary Mitchell, administrator. She has an opening for this man but must have promise of payment before she can accept him. She felt the BIA should be responsible as they contract with the home for several other Indian patients. She helped facilitate his transfer from the hospital to the convalescent home. On Saturday, September 10, I accompanied Mrs. Montoya to make these arrangements. So, as of September 10, 1977, Mr. Montoya is living at the Winslow Convalescent Home.

(3) BIA, Phoenix Nursing Home Contracting Service; Mr. Jessup and Mr. Jim Dayton. Mrs. Mitchell of Winslow Convalescent Home referred me to this agency and these gentlemen. These gentlemen informed me that they had previously worked on this matter for the Montoya family. They had contracted the Santa Domingo Tribe on Juan's behalf. They were told that this tribe would absolutely not accept responsibility for this man's care. They said this was final. Then they suggested that we try to get county assistance.

(4) Navajo County Medical Certification, Winslow; Margaret Mazda. Mrs. Mazda informed me that these people were ineligible for county assistance because their income is way too high. Interesting: They make too much money for assistance and not enough to pay for Mr. Montoya's care. The fact that this gentleman is an Indian also plays into the decision because it was felt the BIA should accept responsibility.

(5) Santa Fe Medical Clinic; Dr. Fusaro. Dr. Fusaro informed me that Mr. Montoya needs nursing home care. He also told me that Mr. Montoya could not stay in the hospital past Saturday due to medicare's resistence to paying for custodial care. Because of this experience working at PHS, he, too, felt that BIA was passing the buck and not addressing the problem as they should. He suggested we contact the DNA group in Tuba City to see if they could assist in this case.

(6) DNA (Defense for Native Americans), Dinebima Nahiilina De Agaituche; Harry Bilagody, Jr, tribual court advocate. This gentlemen referred me to Tuba

City BIA Hospital Social Service Department. He did ask to be contacted should this matter not be resolved.

(7) Tuba City Hospital, BIA; Ernest Manulito, social services. This person said that he would follow up on this case and get back with us. As of September 14, 1977, he hasn't yet returned the call. He did state that he was confident this man's care would be provided by BIA. He felt the problem was in determining which Federal regional office had to be responsible—the one in which Mr. Montoya's tribe is or the region in which he has lived since 1929, Winslow.

(8) Staff, Navajo County Guidance Clinic. At a staff meeting on September 9, 1977, I brought this case to the staff's attention. They were unsure of where help could be received for this family. They did suggest checking into an SSI supplement as well as contacting the county medical certification department again.

(9) Congressman Rudd's Office; Ruth Ziebar, Washington Office. Carol Cain has primarily dealt with this office. After reporting the situation to them, they have made inquiries. According to Carol's information, they have initiated back paper work which is necessary prior to processing Mr. Montoya's convalescent contract.

Ruth called September 14, 1977, to see if Mr. Mitchell of the Indian Health Service (Washington, D.C.) had reached us. Since he hadn't personally contacted our office, she was going to find out why he hadn't. It turned out he left for 2 weeks.

BIA Health Services (contracting agent for nursing homes), Albuquerque; Robert Anderson, head of division; Elvina Waseta, assistant. Ms. Waseta contacted our office to get necessary information regarding Mr. Montoya. She called again to let us know that they were going to handle the mix-up. At this date, we are waiting to hear from this office again.

(10) Community Program Developer, DES, Phoenix, Hollis Choughs. Ginger Ruiz, information and referral for Navajo County, recommended making this contact. Mr. Choughs asked for the name and number of someone in charge of Winslow PHS Hospital. He was going to check into the situation for us and get back to us. I called him back later this afternoon to find out what he had discovered: He said there were physicians he was trying to reach but that he had been unable to reach them. He, too, said he would get back to us. As of September 14, 1977, he has not yet been in touch.

The following are additional contacts made on Mr. Montoya's behalf by his family: BIA, Santa Fe, Robert Carr and Jackie Gonzalas. Santa Domingo Tribal Governor. Mike Bird, Santa Fe PHS.

Additional comments: I have kept in constant contact with this family. Mr. Montoya seems to be adjusting to the convalescent home environment. And Mrs. Montoya's intense anxiety have been dispelled knowing what effort is being extended.

(11) Indian Health Service, Albuquerque; Vesta Starkey. Mrs. Starkey talked with Carol Cain this afternoon. She is now assigned to work on the Montoya case. She needed a medical statement from Dr. Fusaro, Mr. Montoya's physician. However, Dr. Fusaro was not in his office so she will need to reach him another day.

(12) According to Ruth Zeibar from Congressman Rudd's office Mr. Jim Mitchell, assistant director of BIA in charge of Indian Health Services, will be in touch with us expediting processing of Mr. Montoya's claim for service.

(13) Ruth Zeibar from Congressman Rudd's office called to see if Mr. Mitchell of Dr. Johnson's office had reached us yet. She has been promised on two separate occasions that Mr. Mitchell would call us. Today she called his office only to discover he'll be out of the office for the next 2 weeks. She did inform me that Mrs. Starkey of Indian Health Service in Albuquerque is on the case and she should give us some concrete answers regarding Mr. Montoya tomorrow, Friday, September 16, 1977.

She also offered the name of Mr. Anderson, BIA Nursing Service. If we do not get answers tomorrow we should reach both Mrs. Starkey and Mr. Anderson.

Ruth asked us to contact her through Congressman Rudd's Phoenix office on Monday if this matter isn't settled on Friday.

September 16, 1977.—Mr. Anderson: He said he spoke with Mr. Wade Henry, executive officer of Navajo area, Indian Health Service. Mr. Henry supposedly told him it was his area's responsibility and told me (Carol) to contact him at Window Rock.

September 16, 1977.—Mr. Wade Henry was busy and I asked them to have him call me back in 30 minutes. He did not return my call and I called him back. I

was told he was in a meeting and he would not be free. My feelings were: "Why wasn't I told about that meeting in the first place?"

September 16, 1977.—Congressman Rudd's Phoenix office: I talked with Mike and explained the situation to him. He concurred we are getting the run-around again. He was going to call Ruth Zeibar at home in Washington, D.C. and Mike of Congressman Rudd's Phoenix office contacted us again and said Helen Wilson NIHS (Dr. Johnson's Assistant), was very disappointed that this problem wasn't solved. She said she would work overtime to facilitate this matter. Apparently she got results because a Mr. Soto of the Navajo Area IHS in Window Rock called us and said it was being taken care of. He explained that IHS had a contract with the Winslow Convalescent Home for 18 to 25 beds and he thought that Mr. Montoya could fit in there. The contract is a joint agreement between BIA and IHS.

September 19, 1977.—Mary Mitchell, of Winslow Convalescent Home, said the people in Window Rock have her completing the necessary paperwork, which she in turn will submit to Mr. Jessup, the BIA contractor in Phoenix.

September 20, 1977.—Mary Mitchell of WCH again called us and reported that a Bob Smith of Winslow PHS feels there is not a high enough level of skilled care here and recommends Mr. Montoya be moved to Phoenix. She also reported that Mr. Jessup has said his agency will only pick-up the cost of Montoya's care as of September 20, 1977, and will not back it up to the day he entered the home September 10, 1977. We wonder why Mr. Jessup wouldn't take care of this when he was first contacted. Mr. Montoya's family wouldn't have suffered from anxiety nor would they have incurred the expense of Mr. Montoya's care which will cost them $250. The family does not want Mr. Montoya moved to Phoenix because he would be separated from them. It is also felt that he regressed in Gallup because there was no family with him and he was isolated. Certainly this should be taken into consideration before moving him.

September 20, 1977.—Carol called Ruth Zeiler and reported my conversation with Mr. Mitchell. She agreed that Mr. Montoya should not be moved and reported that someone had assured her he wouldn't be moved. She was also going to check into why Mr. Jessup was back in the act and with what certainty we could depend on being able to keep Mr. Montoya here in Winslow with his family. She will call me back this afternoon.

October 5, 1977.—Ruth Zeibar: Wade Henry is supposed to call Ruth and also to call me. Mr. Soto, Wade Henry's assistant, doesn't appear to know what's going on. There is some confusion about Mr. Montoya's fees being covered and about moving him to Phoenix to give him rehabilitation services.

Respectfully submitted,

CAROL SUE CAIN,
Winslow Council on Aging Director.
DEBORAH L. HARMON,
Assistant Director.

Senator DECONCINI. We have a few minutes left before the hearing is to end. There are some slips in the back of the room and I would welcome your filling them out and sending them to us if you want to give us some testimony in writing.[1] I would entertain any statement from anyone who is here. Please stand and identify yourself and we would be glad to attempt to answer your question or listen to what is on your mind.

If there is nothing further, I would like to say that the Special Committee on Aging, chaired by Senator Frank Church of Idaho, has authorized these hearings. I want the record to show my appreciation. We are conducting other hearings in two other places in Arizona, Tucson, and Phoenix, also in Albuquerque with Senator Domenici sometime week after next.

We truly hope that other problems you might know of will be brought to our attention. We have an office in Phoenix with a toll free 800 number. We encourage you to call us. We want to be of assistance.

[1] See appendix 2, p. 692.

We will certainly bring to bear the weight of the senatorial office to assist you. That number, if you are interested in it, is 800–352–4576.

I would like to introduce today from my office in Phoenix Mr. Tony Gaboldon. I think he is known here in this community. He is the State director of my senatorial office.

Tony, stand up.

Also Mike Cruse is there in the back and he is in the Phoenix office. We have several other people there who will attempt to help you with whatever your problems may be. We can't solve them all, but we are there to assist you.

This will conclude the hearings from here for today. We want to pay particular thanks to Reverend Kindall for the use of his facilities.

We thank you for traveling the distances that you did today and a particular thanks for taking a valuable Saturday and coming down and giving us your testimony. It is indeed going to be helpful for the committee in evaluating some of the legislation and attempting to make it more responsive.

I want to also thank my staff for their hard, hard work.

Thank you.

[Whereupon, at 4:30 p.m., the hearing was adjourned.]

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY INDIVIDUALS

ITEM 1. STATEMENT OF DR. ARNOLD S. BROWN, SOCIAL GERONTOLOGIST, SOCIOLOGY DEPARTMENT, NORTHERN ARIZONA UNIVERSITY, FLAGSTAFF, ARIZ.

I am Dr. Arnold S. Brown, social gerontologist in the Sociology Department at NAU. I would like to submit the following testimony that I could not get in at the hearing.

There are three concerns related to the rural elderly in Arizona that were disappointingly not raised at the hearing. They are: (1) The need for adequate training for professional workers with the elderly, (2) the growing demand and need for educational programs for the elderly themselves, and (3) the need for research and evaluation.

In all three of these areas of concern, the efforts now being made are basically ad hoc, one-time-only projects offered whenever dollars are available and someone capable of conducting the projects (university or professional people) can free enough time to do them. What is badly needed is resources to do long-range planning based on assessed needs in each of the areas.

Regarding training needs, all too often, particularly in the rural setting, people are employed to direct programs to serve the elderly who have had no background whatsoever in the problems of elderly persons or how to manage these kinds of programs. We at NAU have a number of courses dealing with the elderly, and we are presently putting together an undergraduate gerontology minor curriculum, but this will by no means meet the needs.

The demand for educational programs for the elderly themselves in this area is rapidly growing. The classes that have been offered in the past couple of years have been well attended, and I have had many requests from elderly persons for further classes. What is needed is to plan educational programs for the elderly according to their expressed needs. This will take planning but we lack the resources to do any extensive planning such as this.

Research and evaluation are, in my opinion, badly needed in the rural areas of Arizona, and virtually no efforts of this kind are being made at present. How programs for elderly persons really effect them cannot be assessed unless those programs are quite thoroughly evaluated. A simple monitoring of how dollars are spent and what actions are taken is in no way an adequate evaluation. Resources are needed to do good evaluations of the growing number of programs being organized in our area. Also we ought to be researching those problems that are peculiar to rural areas, such as transportation, health care, and housing. What would be extremely useful would be to organize demonstration projects in these vital areas and study their effectiveness. We at NAU made application to AoA in August for a research/demonstration grant to organize transportation programs for the elderly in a number of Northern Arizona communities (two on the Hopi Reservation) and study their effectiveness. This project was supported by the area agency on aging and the Hopi Tribe. We have not yet received either rejection or approval notification, but approval seems doubtful at this late date. (I requested your office in Phoenix to find out what action has been taken on the proposal by AoA.) We badly need those kinds of resources to adequately do the evaluation and research that is needed.

As the Governor's Task Force on Retirement and Aging recommended, we really need a statewide gerontology center in order to do the long-range plan-

ning with regard to these kinds of concerns. I have served on the consortium committee (representing NAU) of the three universities that wrote the proposal for such an organization. I am convinced that the rural elderly in Arizona would benefit greatly from such a center. We at NAU are particularly concerned about the rural elderly and we would have equal representation in the center as it was planned. Right now resources are badly needed to get the center organized and operational. As you know AoA has rejected two of our proposals to provide funds to plan the center. The State bureau may provide limited funding for the project but it will by no means be adequate.

I hope this testimony, in addition to that given at the hearing, will be helpful in our endeavors at the Senate. Thank you for coming to our area and listening to our concerns and needs concerning our rural elderly citizens.

ITEM 2. STATEMENT OF JOHN JANSEN, PRESIDENT, MOHAVE COUNTY, ARIZ., COUNCIL ON AGING

Mr. Chairman, members of the Senate Special Committee on Aging, and supporting staff, my name is John Jansen. I am president of the Mohave County, Ariz., Council on Aging.

I think it appropriate to commence this brief testimony with some comment on the extraordinary characteristics of Mohave County and to stress the fact that these characteristics do have impact on the senior citizen. It has been said of Mohave that demographically we defy description. There is probably some substance in this when one considers our geographic size; our small population; our elevation range (600 feet on the Colorado River to 8,200 feet in the Hualapai Mountains); our energy deficiencies; the absence of employment opportunity on any scale; that there is but one incorporated community in the county; the excessive divorce rate; the temperature extremes; the great distances to specialized medical services. I could continue but this listing will provide you with an idea of what Mohave County is or is not.

There is one additional point I want to make * * * again with emphasis: Whatever problems we may have, they are compounded by a population growth of 133 percent in just 10 years. I cannot quote the percent of this growth in persons over age 60, but I can assure you it is large. Mohave has been the attraction it is because prior to 1974 it was considered an inexpensive area in which to live. Mohave County attracted people who were faced with retirement on a small and fixed income. They believed they could make ends meet because it was an established fact that living expenses, including taxation, were less than in most areas of the Nation. The energy crisis changed all this virtually overnight. The drastic change in household economics left many families stranded both financially and emotionally. When one retires there must be a commitment and one of the commitments is location.

There are hundreds of retired people whose commitment was complete. Stated differently, they invested what they had in a small amount of land and a home and this is where they expected to spend the rest of their lives. For many today this commitment turned into tragedy; there isn't enough to make ends meet. Can you imagine, for example, having to budget out of a limited income for an electric utility bill of from $90 to $120 monthly? Summer cooling is as essential here as winter heating. In both seasons there are now people who are doing without. The deprivation is not from choice; it is essential.

This, of course, places emphasis on this testimony and is the reason why I am here.

Let there be no misunderstanding about our need. Population growth in Mohave County has brought about socioeconomic problems that a combination of State and county resources could not possibly solve. We are very much dependent on Federal largess for both the implementation of and continuing viability of human value programs. Our need is genuine and is positively not based on any grandiose ideas. Those programs that are established are, literally, lifesavers. They have had a measurable impact on the well-being of our senior citizens. I can assure you there are many grateful people.

My reason for being here is to speak for the senior citizens of Mohave County. I am sure that almost anything I say has been told scores of times in many places. Mohave County may be unique in some respects—and these I have mentioned—but basically the services that are essential to our elderly are constant every-

where. Still, these matters must be stressed again and again with reason, fairness, and consideration for costs. I hope my remarks will, in your view, fit these criteria and you will recognize that in no sense is there advocacy for "guilding of the lily." Our needs are basic and in great part are the result of an economic circumstance that no political entity could have foreseen. As individuals we may have planned for retirement but no planning can cope with the problems of inflation. In this regard we, the Senior citizens, are powerless. We believe in volunteerism and I assure you that our Mohave County group will do what we can, in support of any worthy project, with the limited resources at our disposal.

The Mohave County Council on Aging places a priority on two needs. They are transportation and home care. The latter is also referred to as homemakers service or homemaker home health assistance. In placing importance on these, we in no sense downgrade the importance of existing programs, which are so important to the overall well-being of our elderly. The emphasis placed on transportation and home care is based essentially on the fact that the former must be rounded out to more fully serve the county. In a sense, we are in the infancy of minibus transportation in this county. Undoubtedly, emphasis will continue as gasoline becomes more precious and the median age of our senior population rises.

The transportation problem in Mohave County is not solved: In some respects, it remains a stop-gap service. There is a need for a broader base to reach those areas with a concentration of elderly people who experience the same needs as residents of areas now served.

Transportation keeps the senior citizen in life's main stream and provides an enrichment that is an excellent antidote to failing health. Here there is no advocacy for "joy riding"; rather, the need for transportation is built around an occasional shopping trip to town, the social intercourse of the nutrition program, and the oftentimes essential contact with a doctor. All ambulatory persons do not necessarily drive; they can be as isolated as a disabled person.

It would be redundant to further justify the need for transportation. The details are well known to you. The brief mention made of essentials associated with transportation are basic ones but must not be overlooked.

The Homemaker concept, while known to us, has had no application in Mohave County. There is a tremendous need for such a program and the need is becoming greater with the advance of the median age of the senior population over 60. Basically, we subscribe to keeping people at home. Stated differently, we believe in keeping a person out of a nursing home, that one's own residence is the best place to reside, despite some infirmity, as long as the individual is safe and secure and personal needs can be met.

Obviously, the implementation of the homemaker program encompasses considerations that are not applicable to, say, transportation. The need of the individual becomes paramount, and if the homemaker service is to be adequate, the choice of personnel to work within the program is a critical factor. In this regard, we have only questions; since we have no experience factor to guide us. I would like to phrase a few of these questions:

(1) How will the forthcoming increase in the minimum wage affect this program? Must the minimum wage be a factor or can persons employed, particularly part-time employees, be exempted?

(2) Similarly, would it be possible to exempt retired persons drawing social security benefits from a ceiling on earnings? (Note: This question is phrased because a physically active retired person might be recruited to serve in the program providing his social security income was not affected. The elderly worker tends to be more compassionate and understanding of a peer's needs.)

Our estimate of the local situation is that homemaker services are needed more in the area of personal care than in nursing. I think, for example, of the arthritic woman who has difficulty combing her hair yet is perfectly capable of getting a meal. For an example, consider the widower who lives alone, is physically active, but places no emphasis on the cleanliness of his home. Both these people need assistance but in different areas.

Business service calls for periodic services such as repair of leaking faucets or replacement of a screen door hinge are impossible to obtain. It seems to us that the homemaker service should include a contractual arrangement with a handyman to take care of these needs. This would appear to be a legitimate expense and in keeping with efforts to reduce costs of nursing care, e.g., nursing home residency.

It is repetitious, but I want to refer again to our concerns over the costs of implementation of the homemaker program if exemption to wage ceilings and/or social security income is not considered. There is a stigma attached to domestic type labor by younger and middle aged people. While we cannot conclusively prove our point, there is some evidence that fellow senior citizens would provide a worker pool, particularly if the work day could be shortened to the equivalent of part time.

I think it appropriate to make mention of the concern we feel over continuing the funding of programs that have proven merit and in some instances now have a long history of success. Is it simply the nature of the bureaucracy that keeps us in suspense every year over future funding. It seems as though we are eternally unsure whether a specific program will be continued; and of course, rumors are always rife. It is all in the nature of playing Russian roulette. Perhaps I should remind you that the importance of the several programs directed toward the aging is such that the threat of discontinuance is frequently magnified all out of proportion by the recipients and results in a fear phobia. In fairness to the senior population and to avoid as much stress as possible, I would request that this matter be given serious consideration.

Similarly, inconsistencies in funding levels seem to set off a chain reaction of problems and create a yo-yo effect. Funding changes tend to present obstacles for effective use of funds while new regulations are being promulgated. There is an interruption in the management of a program at the local level and uncertainty piles upon uncertainty.

That there must be funding changes is axiomatic. Circumstances dictate new legislation or the expansion or contraction of a program. This results in changes in apportionment formulas, availability of funds, and transferability provisions. We only ask that these changes be programed and that they not occur in those critical weeks prior to the start of a new fiscal year.

Need I mention the fact legislative authorizations too frequently do not match appropriations. It is these inconsistencies which, within the bureaucracy of government, may have purpose but which cast doubt on agency sanity at the higher echelons of government. Perhaps to be fair, I should say that on these matters improved communication is imperative.

In addition, I want to place emphasis on the fact that historically—and to this day—the planners and administrators of programs in virtually all categories fail to differentiate between rural counties and those that are heavily urbanized or of metropolitan status. It is imperative that there be a differentiation since it is all but impossible to superimpose urban criteria on a rural county. One would think that this fact would have jelled in administrative circles but still impossible criteria is imposed on rural areas.

In an effort to impress this point, I will point out that basic differences between urban and rural counties are distance, population density, and in most instances wages. In Mohave County, it is commonplace for isolated pockets of population to travel 35 miles one way to a doctor or a supermarket.

I opened my remarks with data on Mohave County and will close on the same note. I do this in behalf of not only my own county but in support of the need of other rural counties and particularly those whose geographic location is remote.

Mohave County is the ultimate in wide-open spaces and great distances. The States of Maryland, Delaware, and Rhode Island combined would fit into our 13,000 square miles. In 1966, our population was estimated at 17,000; by 1970 it had reached 26,000; and by 1976 the population was estimated by the Arizona Department of Economic Planning and Development at 40,000, or an increase of 133 percent over a span of 10 years. Today it is possible that our population has reached 50,000. The growth is so rapid and so ill defined that anything but an educated guess is impossible.

Our county government was ill equipped for growth of this magnitude. County revenue is apparently inadequate to the requirements for basic services. We are deficient in our road upkeep, in disposal of solid waste, and in sanitary sewer requirements, to name just a few of our problems. There are no extra funds and future annual budgets present extraordinary problems since there has been no definitive study made of our tax structure. This is not a wealthy county and its size makes it difficult to administer in a conventional manner.

In brief, we are dependent in Mohave County on the type of program that originates with the U.S. Congress.

I would be remiss if I did not mention, in positive terms, the several programs that have been implemented in this county and which are functioning effectively.

They may need fleshing out to provide equitable services to population pockets yet unserved and we are moving in this direction. I want to especially mention the value of the title VII nutrition program; title III transportation; title XX general services; and senior center alterations and acquisition under title V. In addition, the community action program is working well with effort toward weatherization of homes and crisis intervention.

For these we are grateful and I express appreciation.

If there are questions, I will do my best to answer factually. Thank you for your time and the opportunity to present this testimony on behalf of the senior citizens of Mohave County.

ITEM 3. LETTER AND ENCLOSURES FROM SADIE PEARL DUNCAN, DIRECTOR, AREA AGENCY ON AGING, YUMA, ARIZ., TO SENATOR DENNIS DECONCINI, DATED NOVEMBER 10, 1977

DEAR SENATOR: We have received your letter of October 27, 1977, and the schedules for your statewide hearings. We are very encouraged that you are seeking local in-put on aging problems and that you are placing emphasis on rural areas and the Indians.

We have publicized the hearings. The Regional Council on Aging, the County Councils on Aging and area groups have held discussions concerning input. Some groups will be sending presentations to you as will some individuals.

Senior citizens in region IV vainly protest the fact that allocation of Federal funds is based on population density. Thus region IV with a large land area and a population implosion due to the in-migration of retirees receives minimum funding.

As the location for all of your hearings are some distance from region IV and travel expenses are not available, attendance will not be easy. We have talked with your office and are trusting that you will give consideration to the needs.

We are enclosing the following from the region IV fiscal year 1978 area plan:

(1) "Summary Statement of Priorities for Area Agency Activities."

(2) "Analysis of Needs of Older Persons, Resources and Deficiencies in the Service System."

Sincerely,

SADIE PEARL DUNCAN.

[Enclosures.]

SUMMARY STATEMENT OF PRIORITIES FOR AREA AGENCY ACTIVITIES

The following constitutes a summary of the priorities of the area agency's program, setting forth the major efforts to be undertaken during this plan period toward the achievement of a comprehensive and coordinated service system for older persons in the planning and service area. The priorities have been determined through an analysis of the needs of older persons, resources in the planning and service area, and deficiencies in the current system (as described in section C of the plan), and through the planning activities of the area agency (as described in section D of the plan).

TITLE III

Transportation: Considering the needs for coordination/pooling and gap-filling between and among existing services, continued support of the transportation services is the No. 1 1978 service priority recommended by the regional council. The 1977 implementation of this service was slowed due to delays in funding approval and other impediments. As a result, carryover funds are expected. The plan looks forward to the use of these carryover funds plus 1978 funds as need may indicate to support transportation.

In-Home services: Region IV needs assessments strongly stress in-home services, including: Homemaker-home health, chore, outreach, residential maintenance. Priority was given to exploration of coordination with the State plan objective No. 1 for home health in relationship to actual in-home service needs within the local communities and to the use of carryover funds for implementation.

Legal services: Needs assessments stress legal services although resources are not available for delivery. The regional council recommends that coordination be effected with and through the BOA legal services developer.

Ombudsman services: **Analysis indicates the need for ombudsman services for the elderly although resources are not available for application. Cooperation with the BOA ombudsman will be given in efforts for development and coordination/pooling of resources to provide services.**

TITLE VII

Nutrition: **Nutrition services represent an expanding priority in region IV. Plans call for:**

(a) Maintaining the number of meals served at a minimum of 350.

(b) Extensive efforts were made under the 1977 plan for the use of carryover funds to establish demonstration type nutrition sites in outlying areas through the use of school facilities. Implementation was held up due to delays in funding approval and other difficulties. The 1978 plan looks forward to the extended use of the carryover funds for the projected accomplishment.

ANALYSIS OF NEEDS OF OLDER PERSONS, RESOURCES AND DEFICIENCIES IN THE SERVICES SYSTEM

The following sets forth a summary analysis of:

—The needs of older persons in the planning and service area;

—The resources currently available to meet these needs; and

—The deficiencies, barriers, or gaps in the service system for older persons.

The various needs of the elderly are integral parts of the whole often being tied in with overall problems. Integration and improvement in quantity and quality of services are important. Supportative assistance in the home environment and the community prevents premature institutionalization, hold down public assistance costs and at the same time slow down the physical and mental deterioration of the individual. Support services can enable many elderly to continue to make their own decisions, to stay in their own homes or other places of residence and, at least, to postpone entry into institutional living.

(1) *Transportation:* Factors which affect transportation needs in region IV include the following:

(a) The large land area, the low density population, the distances between communities, the clusters of in-migrant retirees, the resulting isolation.

(b) The lack of transportation systems in the towns and cities and across the length (north and south) of the region.

(c) The situation of the elderly who cannot drive and who need transportation services to assist them in remaining in their homes—dependency upon friends, family, private and government agencies or operations.

Transportation to and from health, medical, welfare, shopping, social, recreational, and other vital services are needed.

The limited existing transportation services in district IV are a combination of public and private. The most common are the taxi companies and volunteer drivers.

Recent title III transportation allocations have assisted in the acquisition of vans in a few areas, with the operation of these and other vehicles, and with mileage reimbursement to volunteers.

(2) *Homemaker health services:* Homemaker health services are often needed to prevent unnecessary institutionalization and to allow the improved patient to return to the desirable home environment.

D.E.S. is instituting some homemaker service and title XX optional funds are allocated in county plans for homemaker, home maintenance, and home health.

(3) *Nutrition—congregate and meals-on-wheels:* The nutrition programs (including supporting services) are beneficial in preventing and in alleviating isolation and social withdrawal and the resulting deterioration of the elderly. Meals-on-wheels are needed for those who are incapacitated. Integration with title XX allocations and with school lunch programs can expand present title VII services:

(4) *Legal and ombudsman services:* Legal assistance is needed for the elderly as are ombudsman services both in and out of institutions: Under the State plan on aging developers have been hired. Title XX allocations have been made.

(5) *Multipurpose senior centers:* Senior centers serve as vital mechanisms for the delivery of needed social services including recreation and socialization. The Yuma Adult Center and the Kingman Senior Center both need expansion. The Somerton facility needs restrooms and storage space. Quartzsite seniors, having lost the use of a former school, are mustering local effort in building. Plans for a

downtown center in Kingman are being stepped up. Bullhead and Lake Havasu City express the need for senior center facilities as do all the communities in region IV.

Resources depend to a large extent upon the contributions and efforts of counties, cities (including revenue sharing and other Federal funds as possible), private businesses, the the seniors themselves, and region IV's small title V allocations.

(6) *Part-time employment:* Part time employment alternatives are needed to supplement social security. CETA and title IX are providing some help in this direction as are title VII programs.

(7) *Retirement roles:* Recognition that older people represent human resources presents alternatives including:

(a) The elimination of mandatory retirement.

(b) The encouragement and facilitation of volunteer work.

Relief for (a) is pending through national legislation. RSVP, information and referral, titles VII and III support volunteers activities.

(8) *Outreach:* Outreach is needed to:

(a) Survey

(b) Provide one-to-one personal contact.

Volunteers provide telephone reassurance and friendly visiting. RSVP assists, as do title III transportation services.

(9) *Housing:* Low cost, semigroup living types of housing are needed. Churches and other nonprofit and Federal agency approaches continue to be explored.

(10) *Education:* Courses and curricula in various phases of gerontology are needed. Continuing education, with waived or reduced tuition, is needed for senior citizens.

At the local level the community colleges and the community schools are adopting to needs. Older people are viewed both as students, and as valuable resources with emphasis on the utilization of the experience of retirees. Many pupils in classes are over 50 years of age and range above 70 years. Instructors' ages range up to and over 70.

The six dimensions over 60 program has been a great resource.

(11) *Recreation:* With older people the term "recreation" covers the broad gamut of sociability ranging from the social contact provided by the congregate meal setting (even the delivery of the meals-on-wheels) to the more strenuous activities. In between are friendly visiting and many and various group activities including crafts and games.

Recreation can stimulate motivation and meaningful involvement from which worthwhile work projects and volunteer service can evolve.

At first glance, it may appear that recreation as such is not a high priority need. Further consideration reveals a large percentage of the elderly poor are those who become poor as the disadvantages and disabilities of age overtake them.

For those who are economically and physically able to view recreation today as their priority need, that very recreation may provide the means whereby their physical and mental capacities and abilities are prolonged and, in turn, their economic situation remains stable. Thus, the senior center facilities that provide space and direction for recreational activities may be classed as a form of preventative medicine, as can group transportation for out-of-town trips and events.

One Somerton woman remarked that the day at the State capitol trip was her first time to be out of town in many years.

Senior centers meet recreational needs as do congregate nutrition programs, meetings, and other events.

NARRATIVE

The characteristics of the categories of needs of older people in region IV are, to a great degree, fostered by and dependent upon the general profile of the area, past and present.

In 1970 figures, region IV has a comparatively high percentage of older people. In Arizona with an overall 14.2 percent of population 45 years and older, Mohave County with 18 percent ranked second behind Yavapai County. The over-all figure for region IV was 15.65 percent.

Very relevant to the significance of the situation is the percent of increase in the 45 and over population between the 1960 and 1970 censuses. With a 58.8 percent increase Yuma County ranked third in the State to Maricopa's second.

Mohave, the Nation's fastest growing county during the period, gained a record 168 percent in the older bracket.

In-migration of retirees accounted for the great increase in region IV. Geographic and economic factors invite the in-migration which is still continuing at a rapid pace.

Land has been readily available. Promoters, offering low down payments and easy terms, have advertised extensively across the country. The ownership of a lot, an acre or a few acres in the wide open spaces of the sunny southwest is an American dream. Lack of job opportunities has fairly well limited in-migration to those with retirement incomes. Many who are still working in their home States are paying on retirement home sites and planning to come here.

The fact that neither subdividers nor purchasers took into account the nonexistence of facilities and services has greatly complicated both the individual and the community problems. County and city governments, which by Arizona law operate under an annual 10 percent limitation of budget increase, have been hard put to cope with the mushrooming demands on unforeseen and unplanned growth. The social service needs are often overshadowed by the pressing priorities of the physical problems of development such as roads, buildings, flood and fire protection, etc.

The Colorado River crosses northern Mohave County and continues south to Mexico forming the western border of region IV. Along the way approximately 1,500 miles of navigable river and lake shoreline is provided. Extensive resort and recreation areas are especially attractive during the warm winter months. In addition to the year round residents a large fluctuating winter population of retirees may never get counted in region IV population figures.

Region IV's large amount of Federal lands, including parks, are used by great numbers of senior citizens in climbers and small trailers. Many of these continually move from one spot to another (as long as competent to do so). Some have been forced to sell their homes elsewhere because of high taxes, fixed incomes, and other factors, and actually live as the proverbial turtle with its home on its back.

The in-migration of senior citizens encompasses all of region IV south of the Colorado River in northern Mohave County and is concentrated somewhat along the river areas and in the proximity of the established towns. Both additions to existing communities and completely new settlements have sprung up. Often these are trailer-shed type dwellings which can deteriorate quickly into slum conditions. Some are larger mobile homes in specially constructed subdivisions. The 1970 census tables show region IV with the highest percentage of elderly in the State who live in trailer/mobile homes: 22.5 percent.

Much retirement growth is in the vicinity of the city of Yuma, which is located along the Colorado River. Although many retirees have settled in the Kingman area (outside the expanding city limits to a great extent), this population center and Mohave County seat is fast being approached in population by retirement growth in the Bullhead-Mohave Valley and Lake Havasu City areas.

As can be seen from the foregoing, "old timers" are actually a minority in the total senior citizen population in region IV. These are generally located within the older sections of the communities and have strong feelings of attachment to the home environment. They are more apt to occupy positions within three generation family structures, especially within ethnic groups.

The younger, more affluent generations have often moved to new housing in subdivisions, if not to distant cities.

The older people on the Indian reservations are in contained communities. The two largest reservations in region IV are the Colorado River Indian tribes in the Parker-Poston area and the Hualapai Tribe at Peach Springs. The small Cocopah Tribe is below Somerton.

Geographic portioning of the region shows the heaviest concentrations of older people to be within:

(1) A 35-mile area in the vicinity of the city of Yuma, including the cities of Somerton and Wellton;

(2) An approximate 60-mile radius of the city of Kingman.

Quartzsite is 80 miles north of Yuma; Parker, approximately halfway between Yuma and Kingman, is 100 miles from either.

In analyzing the population percentages it is apparent that geographic portioning is not conclusive in region IV where a total population density of 5.1 persons per square mile is coupled with the peculiar living patterns of the in-

migrating retirees. Over 55 percent of the age 65 and over live in the designated rural areas.

The 1970 census tabulations for region IV show the overall number of persons age 65 and over, who are below the poverty line, to be about 24 percent of the total elderly.

In region IV the addition of the 60 to 64 year olds to the 65-plus group increases the number by 55 percent. Nationally the addition of the younger group adds only 44 percent.

A large percentage of the 60 to 64 year olds are wives of the 65-plus males. (Many of these may be among the single and living alone group by the time they themselves reach 65 due to the death of husbands.) It follows that when the 65-plus husbands are below the poverty line their younger wives are also.

The 60 to 64 year olds in the ethnic group concentration generally fall into the low-income classifications: Younger in-migrants often have only marginal retirement because of the general lack of supplemental employment opportunities:

In geographic, demographic, and socioeconomic characteristics people 60 years of age and over fall into two age categories with significant differences in levels of needs. In general, the needs of the 65 and over group are more basic and acute, even though individually the emphasis should be on functional age rather than chronological age. Present mandatory retirement regulations contribute to the division.

Many 65-plus are single individuals. Many of the single individuals live alone. For those alone, great are the needs of nutrition, transportation, home maintenance, home health care, in-home supportive services including reassurance phone calls and friendly visiting.

For the aged poor the needs are very serious. The visible poor are often the ethnic elderly for whom poverty has been a life style. These tend to be within area confines and include the Indian reservation elderly.

The ethnic elderly and the pioneer poor generally tend to remain within the familiar environment and have need for supportive assistance to do so. They want to stay in their familiar surroundings as long as they possibly can even if it means living under intolerable conditions. Like all older people they want to be a part of life as long as they are alive.

When the second generation is self-supporting welfare regulations have discouraged any natural tendencies for inclusion of the elderly poor within the family unit.

On the other hand the younger generation, who have relatively low incomes, are inclined to care for their aged because of the cash income from old age assistance. Though relatively low, this income may represent a large portion of the total family cash income. The consequence of this is that such older persons may remain part of a viable family unit. The position in the family is enhanced unless and until illness becomes a heavy burden.

Many of the incomes of the elderly newcomers to region IV are marginal, which disqualifies them from benefits. Often these poor are not readily visible and are dispersed among the not-so-poor. Many are in undeveloped and unimproved areas. Satisfactory supplemental employment is not easy to find in region IV. As age and infirmity advance those who have been the not-so-poor often come into dire circumstances, also. Supportive assistance is needed to retard processes leading to even greater dependency.

Generally, transplants to new environments need special help with developing friendships and interests. Congregate gathering facilities for meals, pot lucks, crafts, games, dancing, etc., are in great demand and can provide the link that promotes continued individual functioning. Those who are isolated and withdrawn need special outreach to bring them into social situations.

Again, it is not conclusive to portion levels of needs in region IV according to major concentrations of high levels of population when its needy are so widely dispersed. A hungry person needs food wherever he is.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR DECONCINI: If there had been time for everyone to speak at the hearing on The Nation's Rural Elderly," in Flagstaff, Ariz., on November 5, 1977, I would have said:

The following replies were received:

NAOMI DOWNS, YARNELL, ARIZ.

It is a shame that the wheels of government churn and turn so slowly that many of the elderly are denied benefits that are truly theirs as taxpaying citizens of the greatest country there is.

It is a shame that greed for position and power at any cost has robbed the elderly of even the courtesy of kindness, gentleness, and consideration based upon a consuming compassionate love of life and gratitude to our creator for his gift of the breath of life to all of us irrespective of age.

I am grateful to have been made aware through these hearings, seminars, and other avenues of the battle being waged on behalf of the elderly by those who have quite a few years before they can qualify as elder citizens. Such activity can only be motivated by a deep feeling of love.

Thank you and your committee and members of your staff for meeting with us on this date.

RACHELLE HALL, FLAGSTAFF, ARIZ.

Home health care is a high priority need in Coconino County. Persons coming home from the hospital are in need of continuing medical supervision yet cannot afford to hire a private nurse or request participation of a county program when there isn't one. County nurses are available on a very limited basis and possibly can make one visit per week.

Another need of older Americans in Flagstaff is in the area of housing. Most low-income elderly now live in old, substandard dwellings, with nowhere to move to because of the lack of Federal housing. Clark Homes, the city-owned housing project, is dilapidated and a disgrace to human habitat. At one time new structures and a senior housing division was discussed but in reality nothing has been done. Thank you for accepting this letter, and it was great of you to come to Flagstaff and listen to our seniors.

One more thing: In the area of consumerism—you are the only "politician" who has cared and done anything about the Arizona "Lincoln Thrift" mess. This I thank you for the general population and seniors, who were most hard hit.

MARY A. VAN PETTEN, WINSLOW, ARIZ.

We have a great need for better in-service at Winslow Convalescent Center. Care has improved to a point since it was opened last year, but much needs to be done. By "in-service," I mean training of personnel in giving proper care to all points—occupational therapy, physical therapy, and nursing procedures. My husband's aunt has been a resident there since opening day and the price paid for services is too much for services received.

Our needs are great in the health field for rural areas, not only nursing homes, but also home health.

(692)